MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2501

		1 40	21	CERTIFIC	ATE	OF DEATH			Reg. Di	ist. No.	516
1. PLACE a. CO	OF DEATH	Wicon	nico	MARYLAND	2. USU a. S	AL RESIDENCE (WHO	land	lived. If instituti b. COUNTY	anı Resider W	1COM1	mission)
b. CITY	Y OR TOWN (If IAL and give nea	outside carporate limi rest town]Sali	sbury	NGTH OF STAY IN 16	c. C	ity or town (if or Eden	utside corpora	ite limits, write R	URAL end	give nearest	tawn)
d. NA	ME OF HOSPITA INSTITUTION	(If not in hospital, g		ospital	/ d. s	R.D.	# 2			0	RESIDENCE IN A FARM? S NO
3. NAME DECEA (Type		HAYWA		Middle LEE		BANKS	4. DATE OF DEATH	Mor FE		10th	Yeor 19 58
5. SEX	ale	6. COLOR OR RACE White	7. MARRIED X	DIVORCED [of BIRTH 1.28,191		AGE (In years last birthday) 41 yrs.	Months	TYEAR IF U	NDER 24 HRS. urs Min.
Par.	INC I'ng	N (Give kind af working life, even if retired	Hous	of Business or ind e Painti		Fruitlan				U S A	HAT COUNTRY
13. FATHE	John	Franklin	n Banks			Alvertia		ley			
15. WAS I (Yes, no. or		IN U. S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO.	rs.	May Ba	nks(W	ife) T	.b.#	2 Ed	en, Md.
18. (PART I. DEATI	H [Enter only one co H WAS CAUSED BY: MMEDIATE CAUSE (o DUE TO	Bra	(a), (b), and (c).]	~ _	healign	aut			ONSET A	L BETWEEN AND DEATH
gav	nditions, if any re rise to im se (a), stating th g cause last.	mediote Due To									
CERTIFICATION CERTIFICATION				BUTING TO DEATH BE					VEN IN PAR	PE	REORMED?
	ACCIDENT WAS ONTRIBUTING [THER, NOTIFY N	UNDERLYING [] CAUSE OF DEATH LEDICAL EXAMINER)	20b. DESCRIBE	10W INJURY OCCUR	RED. (Enter	nature af injury in P	art I or Part I	l af item 18.)			
WEDICAL 20c. I	TIME OF INJURY Haur a.m. p. m.	Manth, Doy, Ye	While _ h		PLACE OF I factory, stre	NJURY (Home, farm, et, affice bldg., etc.)	20f. (City o	er tawn)	(County)	(State)
aliv	e on	t I attended the	N	om fund , and that deal	th occuri		DORESS (Sire	et, city or tawn,	and on t		
		William				Camden				d. Fe	b.11/
REMO	overita:	Feb.13	,1958	Banks Fa		Cemeter	y R.D		den,	Mary	land
	LOWAY &	SIGNATURE COMPAN		ISBURY,	MARY	LANDFEB 1	BY REGISTRA	AR 24b. REGI	STRAR'S SI	GNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be recoined by the haspital ar attending physician.

TO FUNER SIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 s and be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

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MINISTER OF THE COUNTY OF THE PARTY OF THE P

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2532 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Wicomico Maryland b. COUNTY Wicomico MARYLAND B. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Salisbury Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION Pen. Gen. Hospital 425 Truitt St YES NO P 4. DATE NAME OF Middle Month DECEASED HARVEY LEE BEAHM FEB. 16th (Type or print) 6. COLOR OF RACE 7. MARRIED W NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 41 yrs. Months Doys October 22,1916 Male WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) Salesman - (Pillsbury Oak Park, Virginia 13. FATHER'S NAME physician Charles H. Beahm Daisey Mrs. Evelyn M. Beahm (Wife) 425 Truitt St. Salisbury, Maryland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) foctory, street, office bldg., etc.) Hour o. m Not while of work of work 21. I certify that lattended the deceased from 6 195 d that I last saw the deceased _, and that death accurred at 5:50PM, from the causes and an the date stated above. alive on 80 ACTUAL PHYSICIAN'S Dr. Medical Center Salisbury, Md. Feb. registror Henry A. Briele 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Feb. 19:1958 Salisbury, Maryland Wicomico Mem. Park ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR HOLLOWAY & COMPANY - SALISBURY MARYLAND DATE FER 1 9 '58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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2594	CERTIFICA	ATE OF DEATH	Reg. Dist. No.
PLACE OF DEATH a. COUNTY WICCOMICO	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If o. STATE hornload b. C	institution Residence before admission) COUNTY // Connec
b. CUT OR TOWN Utautside corporate limits, write c. LENGT	FOF STAY IN 16	c. CITY OR TOWN (If outside carporate Amits,	write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS P. F. D.	e. IS RESIDENCE ON A FARMY YES NO
NAME OF DECEASED (Type or print) WELLIE CL	Middle EVEL	AND BUN TOBATHY G	Helf 5 1958
Finali While WIDOWED NEW	DIVORCED 🔲	100130/X80	thday) Manths Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done of the dyring most of working life, even if retired)	Home	& mondond	12. CITIZEN OF WHAT COUNTRY?
William J. Bake		white and I	Varsons
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC (Yes, no. or unknown) III yes, give for or dates of service) 2/4-34	1-89504	Lee Bunting	Willords Inel
18. CAUSE OF DEATH [Enter only one couse per line for (a), (the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	o), and (c).]	ray Threm forein	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate	ay Ac	Cevorer	2/4 40
couse (a), stating the <u>under</u> DUE TO lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	O DEATH BUT	I NOT DELATED TO THE TERMINAL DIFFACE CONDIT	ION CHURN IN AND YOU IS NOT AN ANY OFFI
		D. (Enter noture of injury in Port I or Port II of item	PERFORMED? YES NO
20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCC		ACE OF INJURY (Home, form, 20f. (City or town)	
Hour a. m. 19 While Not w of work of war	hile fo	ctary, street, affice bldg., etc.)	(County) (Store)
21. I certify that I attended the deceased from alive on 5 Feb 58 19 51	and that death	accurred at 3:30 P.M. from the co	
SIGNATURE Helmanh Rock	lum	M.D. Bevley m	or lawn, stote) DATE SIGNED
PHYSICIAN'S NAME (Type)			
Jung 1 (Specific) 2/8/58 /	e of CEMETERY O	Millor	do Mis.
3. FUNERAL DIRECTOR'S SIDNATURE / LEGOR	welle.	DATE FEB 1 0 '58	ib. registrar's signature

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FEB ST 1958	r				
DECENAED					
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2534 Reg. Dist. No of director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Maryland b. COUNTY Wicomico Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give neocest lowed Salisbury Salisbury should d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION RIVERSIDE Drive Riverside Drive YES NO X C pup NAME OF 4. DATE First Middle Month Year VIRGINIA (ESTER) CAREW FEB. 24th 1958 LENA DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) June 13. 1876 Female White WIDOWED A DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? House Work at Home Dames Querter (Somerset Co. Md) None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha V. Ford Nathan J. Todd Mrs Perry White(Daughter)Riverside Salisbury, Maryland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Sudden IMMEDIATE CAUSE (o) DUE TO Arterio-sclerotic cardio-vascular Conditions, if ony, which ony vears gove rise to immediate disease DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO Y 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slote) foctory, street, office bldg., etc.) Hour a. m. Not while of work of work 2-211-58, 19____that I last saw the deceased 21. I certify that I attended the deceased from May 9:45R, from the causes and on the date stated above. , and that death accurred at___ ADDRESS (Street, city or lown, stote) DATE SIGNED ACTUAL Camden Ave. Salisbury. Md. Camden Ave. Salisbury, Maryland Feb. PHYSICIAN'S NAME (Type) Earl L. Royer

22c. NAME OF CEMETERY OR CREMATORY

HOLLOWAY & COMPANY - SALISBURY MARYLAND DATE FEB 2 8 '58

Wicomico Memorial Park

22d. LOCATION (City, town, or county)

240. REC'D BY REGISTRAR

Salisbury, Maryland

246 REGISTRAR'S SIGNATURE

Wheduch

þ RECTOR: registrar 3 poge 10

requires that the

ofter death, Page 4

funeral

220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

Feb. 27.1958

HOSPITAL

HIARO RO RYADIRINA Mercal cofection tros av Adnes. nella de la companya : LEB 88 1928 Suela: Trec. 27, 1956 Wigomic of Descript Cure that court, descript AND LOCATED AND PROPERTY AND LOCATED AND L

director. Page for your files. Board of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute 17 certificate, writing the ward "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the fundamental should be used to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Property PM3. Page 5 may be retained for your Property PM3. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

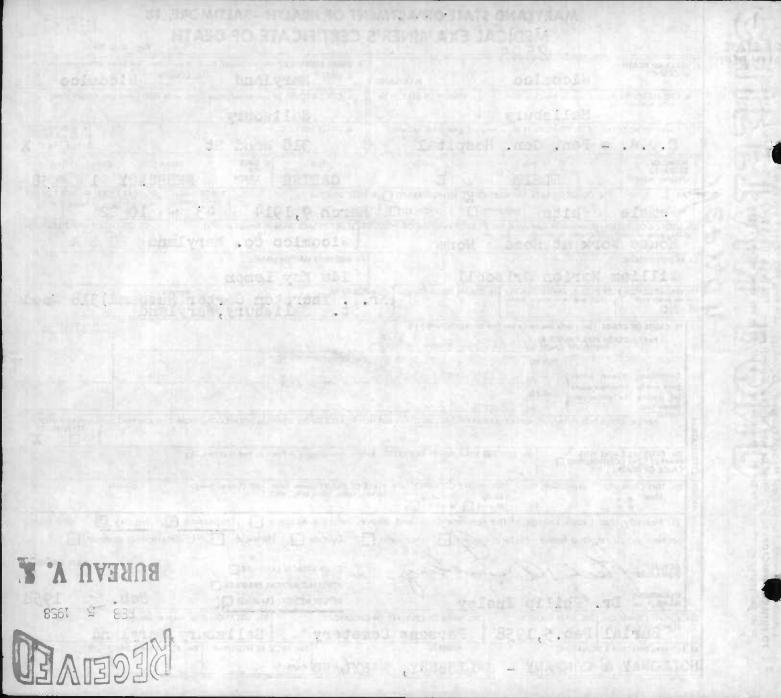
4 shauld VS. ATSME 5M 2/57

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Item 18 Film 225 2712758 AME. DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY	Wicomic	ਹਰ		O STATE			sed lived. If ins b. COU	LITH		
			MARYLAN	עט	V	rland		MT	comic	
b. CITY OR TOWN (If and give nearest town)	Salisbu		c. LENGTH OF STAY IN 1	12		f outside cor	porote limits, wr	ite RURAL and	give neorest	town)
d. NAME OF HOSPITA	L OR INSTITUTION (f not in hosp	ital, give street address)	d. STREE	ADDRESS					RESIDENCE
D.O.A.	a Pen. Ge			1	318	Wood	St			N A FARM?
NAME OF DECEASED	Fire	18	Middle	L	ost	4. DATE OF	Mo	nth	Day	Year
(Type or print)	ELSI	E	E	CA	RTER	DEATH	PER	BRUARY	1	19 58
. SEX	6. COLOR OR RACE	7. MARRIET	NEVER MARRIED	B. DATE OF BIR	TH		9. AGE In years	IF UNDER 1	TYEAR IF UN	
Female	White	WIDOWED	DIVORCED [March			43 yr		22 Hours	Min.
la. USUAL OCCUPATIOn during most of working	N (Give kind of work of life, even if retired)	done 10b. KI	ND OF BUSINESS OR IND		PLACE (Stote		The second second		ZEN OF WHA	T COUNTRY
House W	ork at Ho	me	None	Wic	omico	Co.	Maryla	and	USA	
3. FATHER'S NAME				14. MOTHER	S MAIDEN	NAME				
William	Marion I	risco			May					
S. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO.	Mr. Lig T	hanat	000 00	- Adde	lis above	21270	1.5 3
No				St.	Sali	shur	Mary	and	a1210	MOOG
18. CAUSE OF DEAT	H [Enter only one cou	se per line fo	or (a), (b), and (c).						INTERVAL SET	WEEN
PART I. DEAT	H WAS CAUSED BY:	Gastr	ic hemorrha	TO.					ONSET AND O	DEATH
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	DUE TO	Anna							1 1111	
Gonditions, if ar	iote couse	ACUL	e gastritis							
(o), sloting the u					20					
couse lost.			e alcoholis							
PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEATH BU	IT NOT RELATED T	O THE TERM	INALDISEAS	E CONDITION (GIVEN IN PART	1(o) 19. WAS PERF YES [ORMED?
PART II. OTH 20g. EXTERNAL CAU PRIMARY Dor CON CAUSE OF DEATH.	SE WAS 17RIBUTING 1	b. DESCRIBE	HOW INJURY OCCURRED). (Enter noture of	injury in Par	t f or Part II	of item 18.)		110	NOA
		1								
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yea	While	Not while to work	PLACE OF INJURY factory, street, offi	(Home, form ce bldg., etc.	20f. (Cit	y or town)	(Cour	nty)	(State)
21. I certify th	at I took charge	of the re	emains described a	bove, held a	n Autops	v 🗖 . I	nspection [X	, Inquiry	V IVI a	nd in my
	resulted from: 1		~				-	-	Lac	i i iiiy
opinion decini	esoned from: 1	varior or G	auses [], Acciden	, 50101	de [],	Homicide	, Unde	termined m	ianner	
ACTUAL S	4 101	70 >	1/	Ciller					DATE	SIGNED
SIGNATURE	ugiu	La	way	M.D.	MEDICAL EX					
EXAMINER'S -	4		0		ANT MEDIC			772 3	0	
NAME (Type)	r. Philip	Insl	.ey	DEPUT	Y MEDICAL	EXAMINER [X	Feb	• 0	1958
20. BURIAL, CREMATION REMOVAL (Specify).	Feb.5,1	- 1	Parsons (or crematory Cemeter	r		TION (City, town		(Ste	ote)
3. FUNERAL DIRECTOR		150	ADDRESS	CHOUCI,	-	D BY REGIST		GISTRAR'S SIGN		· · · · ·
HOLLOWAY &		CA	TTODIIDV	ADSCT ASS				1	1	
TOTTOWAT 6	COMPANI	- DA	LISBURY, N	IARYLAN	The state of the s	- 550	110	- Bull	4	
					FEB	2 30	w.	9		



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death; Page 4	may be referred by the haspital or attending physician. TO FUNER. RECTOR: After this certificate has been signed by the ottending physician and completely filled the funeral director. page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with	/
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ENDI	R: Af	ound
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LOR	ban d	T price
SPITA	may be reformed by the haspital or attending physicion. • FUNER.** RECTOR: After this certificate has been sipage 3 shapps be detached for use as the burial-transit.	the registrar prior to buriof, cremotion, or removol, and in any event within 2 hours ofter death.
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1, PLACE OF DEATH o. COUNTY	Wicomico	MARYLA	II O SIAIF	Mary	land	l. If institution: Reside b. COUNTY	ence before odm	
b. CITY OR TOWN (If ou RURAL and give neare	otside corporote limits, write st fown Sallsbury	c. LENGTH OF STAY IN	1b c. CITY O		utside corporote li	mits, write RURAL onc	give nearest to	wn)
d. NAME OF HOSPITAL OR INSTITUTION	(It not in hospital, give street o	ll Private		ADDRESS 220	Record	St	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First WALTER	Middle SCOTT		LLINS	4. DATE OF DEATH	FEBRUARY	Y 19th	Yeor 119 58
s. sex Male 6.	White Widows	DIVORCED		RTH 1 1,18	76 8:	birthday) Months	Doys Hour	
Retired F	Give kind of work dane life, even if retired) armer Re	cind of Business or I	ing) Wid	co.Co.	Salis)	oury, Md.	U S	
Joseph Mi	tchell Coll:	lns		rtha M				
1S. WAS DECEASED EVER IN (Yes no or unknown) (If yes	U. S. ARMED FORCES? 16. :	SOCIAL SECURITY NO.	Mr. Albe	rt E. Lisbur	Parker y Mary	(Nephew) I	R.D.#	
Conditions, if ony, gave rise to imm couse (o), stoting the lying couse lost.	under- DUE TO (c)	ARD IN	Seular	Leva		selse_	INTERVAL ONSET AN	ID DEATH
Z Z	SIGNIFICANT CONDITIONS C						PERF	S AUTOPSY FORMED?
	CAUSE OF DEATH DICAL EXAMINER)	RIBE HOW INJURY OCCI						
20c. TIME OF INJURY Hour o. m. p. m.	While	Not while of work	e. PLACE OF INJURY factory, street, off	' (Home, farm, ice bldg., etc.)	20f. (City or to	~n)	(County)	(Slote)
21. I certify that alive on	l attended the decease -/8 , 19 Custo (Ph111p A.		eath occurred of Main St	BASI		couses and on ity or town, state) Maryland	the date sta	e deceased ited abave, DATE SIGNED
220. BURIAL, CREMATION,	-	22c. NAME OF CEMETER MORRIS F	RY OR CREMATORY		22d. LOCATION (City, tawn, or county)) (Ste	al.Md.
23. FUNERAL DIRECTOR'S SI HOLLOWAY &		ADDRESS SALISBURY	MARYLANI		BY REGISTRAR B 2 4 '58	24b. REGISTRAR'S S	IGNATURE	

The state of the s Participation of the large transfer that the Sec. Sec. Se Buffeld Rob. 51,1958 Horeign Chilly

MARYLAND STATE DEPARTMENT OF HEALTH-BATTMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2537 CERTIFICATE OF DEATH

				R	eg. Dist. No.
1. PLACE OF DEATH	comico	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary	ere deceased lived. If institution: land b. COUNTY	Residence before admission) W1COM1CO
b. CITY OR TOWN (If outside RURAL and give nearest low Sa.	corporote limits, write c.	LENGTH OF STAY IN 16	1 4 200	utside corporote limits, write RURA	L and give nearest town)
d. NAME OF HOSPITAL (IF no OR INSTITUTION Per	in hospital, give street oddr n. Gen. Hos		/ d. STREET ADDRESS 210	S. Truitt St.	IS RESIDENCE ON A FARM? YES NO
3. NAME OF : DECEASED (Type or print)	CARRIE	Middle M	COLONNA	4. DATE Month OF DEATH FEB.	9 th 19 58
	hite WIDOWED		s. DATE OF BIRTH Sept. 9,189	lost highday)	UNDER 1 YEAR IF UNDER 24 HRS. onths Doys Hours Min.
10o. USUAL OCCUPATION (Give during most of working life, HOUSE WORK	kind of work done 10b. KIN even if retired}	none	9/4	or foreign country) .d, Maryland	12. CITIZEN OF WHAT COUNTRY USA
Addison F.	Dryden		14. MOTHER'S MAIDEN N	a Riggin	
IS. WAS DECEASED EVER IN U. S		IAL SECURITY NO. MI	informant Dryden A.	411	311 E. Colleg
18. CAUSE OF DEATH [Ent PART I. DEATH WAS. IMMEDI Conditions, if ony, whice gove rise to immedial couse (o), stoling the unde lying couse lost.	CAUSED BY: ATE CAUSE (o) DUE TO (b) (b) COND DUE TO	nany ar diae De	e Infarcti tery Dises	ine	ONSET AND DEATH 2 W/s 2 y/s
PART II. OTHER SIGN PART II. OTHER SIGN 20d. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS UIF EITHER, NOTIFY MEDICAL	IFICANT CONDITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO X
	SE OF DEATH	E HOW INJURY OCCURRI	ED. (Enter noture of injury in F	Port 1 or Port II of item 18.)	
20c. TIME OF INJURY Month Hour o. m. p. m.	h, Doy, Year 20d. INJUI While of work	Not while fo	LACE OF INJURY (Home, form portory, street, office bldg., etc.		(County) (State)
21. I certify that at alive on	lambon	,, and that deot	M.D. 331 Care	M, from the couses and ADDRESS (Street, city or town state flee Falls	by 2/11/s
NAME (Type)		Gray		Ave.Salisbur	
220. BURIAL, CREMATION, 22b. REMOVAL (Specific) F	eb.12,1958		Mem. Park		Maryland
23. FUNERAL DIRECTOR'S SIGNA HOLLOWAY & C		ADDRESS LISBURY MA	ARYLAND 240 EREC'I	by REGISTRAR 24b. REGISTRA 4 '58 Colonial and Allender	AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be relayed by the haspital or attending physician.

TO FUNER PRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director page 3 shall be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, crematian, or remayal, and in any event within 72 hours after death. VS A15 (4)

the Funeral director, 3.2 should be filed with

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CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4	may be retained by the hospitol ar attending physicion.	TO FUNERAL ECTOR: After this certificate has been signed by the ottending physician and campletely filled is the funeral director,	page 3 shours oe detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with	the registror priar ta burial, cremotion, ar remaval, and in any event within 72 hours after death
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VS A1S (4) 15M 9/55

	MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18
	2538 CERTIFIC	CATE OF DEATH Reg. Dist. No. 12524
	PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Susses
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALISDURY Lagrange C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
1	ON INSTITUTION TENINSULA (TENERAL HOSATAL	d. STREET ADDRESS Pincoln and e. IS RESIDENCE ON A FARM? YES NO P
3	NAME OF DECEASED (Type or print) Lee Widdle	Lullen A. DATE Month Day Year OF DEATH F-EBYUARY 11, 195
S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
1	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR
1	Elisha Beresly Culler	amelia Elby Who He
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Ves. no. or unknown) (If yes, give wor or days of tervice)	Maul Culler Jolling Ken
	18. CAUSE OF DEATH [Enter only one cause positine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	Atlerosclerosis Interval Between ONSET, AND DEATH
WOIT A DISTRIBUTION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?, YES NO NO NEED. (Enter nature of injury in Port 1 or Part 11 of item 18.)
O INDICATE OF		PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from	th accurred at 3 2. M, from the causes and an the date stated above ADDRESS (Street city or town, state) M.D. Salasbury M.A. 1/1/9.5
2	BEMOVAL (Specify) 2-14-58 LUNION	Georgetown Seil
2	1-8-Manuel Ou - Leelmor,	Lel DATE 240 REGISTRAT PAB. REGISTRAT'S SIGNATURE

LEB 14 1828

2	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7	2539 CERTIFICATE OF DEATH Reg. Dist. No. (12525
	PLACE OF DEATH a. COUNTY WICOMICO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND MARYLAND D. COUNTY WICOMICO MARYLAND
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES NOW YES NOW YES NOW ON A FARM? YES NOW YES NOW ON A FARM?
3	
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED DIVORCED DIVORCED
1	Da. USUAL OCCUPATION (Give find of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPPACE (State or tyreign country) 12. CITIZEN OF WHAT COUNTRY WELL TORK
	3. FATHER'S NAME HERMAN DAVIS 14. MOTHER'S MAIDEN NAME LENA MARVICK
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SANDES SANDES Address MRS : DAVIS SAME Address Address
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My Cardial Pufact, act (Cardial Party)
	Condition if our which
	gave rise to immediate codes (a), stating the under-lying cause last.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\overline{\text{Z}} \)
CEOTICAL	200 ACCIDENT WAS TINDED VINC TO 1904 DECEMBE HOW INTRINSPORTED IN A 1904 DECEMBER HOW
4.000	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While Not while at work at wo
F	21. I certify that I attended the deceased fram 2-12, 1958, ta 3-13, 1958, that I last saw the decease alive an 3-13, 1958, and that death accurred at 10-17M, from the causes and on the date stated above
	ACTUAL SIGNATURE William R. Ellio . M.D. 2-13-58
1	PHYSICIAN'S NAME (Type)
2	20. BURNAL, CREMATION 22b, DATE/THEREOF 22c. NAME OF CEMETERS OR CREMATORY 22d TOCATION (City, town, or county) (S10(e))
23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES
E	Mexial C. 71018 11-

EEB 18 1828

CERVIEICATE AT DEATH

2540

CERTIFICATE OF DEATH

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										Keg. Dist	, No.	
1.	PLACE OF DEATH o. COUNTY	Wicomico		MAR	YLAND	2. USUAL RESI o. STATE	Maryla		lived. If institut b. COUNTY		before odm	ission)
	b. CITY OR TOWN (If outside corporate limits,	write c	LENGTH OF STAY	(IN 1b	c. CITY OR	TOWN (If ou	utside corpor	ate limits, write l	RURAL ond gi	ve nearest to	wn)
		lisbury		16 days		X :	Wil:	lards				
	OR INSTITUTION	TAL (If not in hospitol, give Head State				d. STREET	ADDRESS				ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	First Edwar	'd	Middl	× ×	Dennis	st	4. DATE OF DEATH	Mo Febi	ruary	Doy 12,	Year 19 58
5.	sex Male	6. COLOR OR RACE 7 White w	MARRIEI		-	Nov. 8			9. AGE (In years last birthday)		YEAR IF UN	7
10	o. USUAL OCCUPATION during most of work Labore	ON (Give kind of work dorking life, even if retired)	10b. KI	ND OF BUSINESS	OR INDUS		Llards			12. CITIZ	USA	AT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Asbury De	nnis				Rh	noda Ti	ruitt				
15.	Unk.	R IN U. S. ARMED FORCE (II yes, give wor or dates of servi	2/6	-09-67	96,	FORMANT	lospit:	al Rec	ords Ado	Irass		
		ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		of the p	,	ate with	metas	stasis			onset an	ID DEATH
	Conditions, if o gave rise to i cause (o), stoting lying couse lost.	mmediate the under- (c)_										
CATION		HER SIGNIFICANT CONDIT				NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY ORMED?
		erioscleroti	c he	art disea	se							NO I
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 1 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRI	IBE HOW INJURY (OCCURRED), (Enter nature o	of injury in P	art I or Part	II of item 18.)			
MEDICAL	Hour o.m. p.m.	Y Month, Doy, Yeor 19	While at work [URY OCCURRED Not while of work	fac	CE OF INJURY (tory, street, affic	e bldg., etc.)				unty)	(Stote)
		det to attended the deb. 12.	1258		t death	occurred at	8:1:5A eer's 1	M, fram		and an the	e date sta	
22	o. BUTIAL, CREMATIC REMOVAL (Specify)	DN, 226. DATE THEREOF		22c. NAME OF CEN	NETERY OF			22d. 19CAT	ION With Town,	or county)	1/2	gre) V
33.	FUNERAL DIRECTOR	Il pully	She	ADDRÉSS	ille	Del.	24a. REC'D	8 '58	RAR 24b. REG	STRAR'S SIGN	NATURE	

may be related by the hospital or attending physician.

SENDERA RECTOR: After this certificate has been signed by the ottending physician and completely fitted the funeral director, page 3 shour be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fited with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OZ ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4 AS AIS (4)
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In a series of the series of the department of the series A The bridge Shire Wildham Lives of Latin 2011 1991.

G. 60

Feb.11.1958

LOWAY & COMPANY - SALISBURY.

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Spring Hill Mem. Gardens R.D. # Salisbury, Maryland

1246, REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and complety filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transitipermit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2542 CERTIFICATE OF DEATH

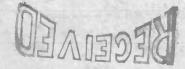
02528

Ttem 9 FilmG226 3-17-58 et Reg. Dist. No.	••••••
1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED.	4
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OR and give nearest town (in this place) CITY (If outside corporate limits, write RURAL end give nearest town OR	n) /
TOWN Splistery / yr. I Town Salustery ma	H
HOSPITAL OR INSTITUTION OR (If rural pive location)	
STREET ADDRESS 2/ Deene Cen	
3. NAME OF DECEASED (First) (Middla) 3 hmas Douglas Death 2	(Year) 1958
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR Months Days	
Mile (Specify) Should Dec 25, 1826 914 81 yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT
13, FATHER'S NAME	2,77
10. O	
15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT & ADDRESS	
(les, no, or unk.) (If Yas, giva war or dates of servica)	
18 MEDIGAL CERTIFICATION IN	ERVAL BETWEEN
	ISET AND DEATH
44 IMMEDIATE CAUSE (A)	eyears
ANTECEDENT CAUSE(S) DUE TO	Me. h
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE CONTRACTOR OF THE CAUSE OF	wigz.
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (, a f : f a)	1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
	O. AUTOPSY?
YE.	السما التسا
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY Streat, office_bidg,_sic.) (County) OF INJURY MEDICAL EXAMINER)	(Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED Not while Not while	-
M. at work at work	
22. I hereby certify that I attended the deceased from A Cly 19, 19, 20, to Cly 1, 1950, that I last sa	w the deceased
alive on	ve.
SIGNATURE (Streat, city, town) state) M.D. Lalebury Mc 2	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	(Stata)
Burial 2-11-5-8 Deckler Cem Storplan The	7
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRES	S
DATE FEB 1 4 '58 () . Droker Muss.	

SHE CERTIFICATE OF DEATH

BUREAU V. S.

EEB IT 1828



2543 CERTIFICATE OF DEATH Rea. Dist. No. with directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed a. COUNTY b. COUNTY MARYLAND comico death. erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWNAIT outside corporate limits, write RURAL and give negrest town) pe RURAL and give negrest town) should Jal13burn d. NAME OF HOSPITAL At not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE **ORAINSTITUTION** ON A FARM? YES NO F hau NAME OF Middle 4. DATE Month Day Year DECEASED OF 24 DEATH (Type or print) 1902 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Days Hours WIDOWED [DIVORCED T papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME oft urs 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unknown) rer 72 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO casse (o), stating the underlying couse lost. burial-trans PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour a. m. While Not while at work of work 21. I certify that I attended the deceased from, ., 19____that I last saw the deceased and that death accurred at . Q.M., from the causes and on the date stated above. CTOR: ADDRESS (Street, city or town, state) DATE SIGNED þ ACTUAL PHYSICIAN'S NAME (Type) FUNERA 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 10 ADDRESS 23. FUNERAL DIRECTOR'S-SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE EED 9 1 159 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FEB 7 1958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2544 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

02530

Reg. Dist. No

1. PLACE OF DEATH a. COUNTY	Wicomico		MARY	- 11	o. STATE Mar	Where deceos	ed lived. If institut b. COUNTY		e before od		
b. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parsonsburg						
d. NAME OF HOSPI OR INSTITUTION	isbury TAL (If not in hospital, g s Head Stat				d. STREET ADDRESS	ute 2	*6		C	RESIDEN IN A FAR	M?
3. NAME OF DECEASED (Type or print)	Fir		Middle Leona		tost Downs	4. DATE OF DEATH	Mor Febru		Doy 20	Yeor	58
5. SEX Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIE	0 8. E	uly 16, 18	85	9. AGE (In years last birthday) 72 yrs.	IF UNDER	-	NDER 24	HRS.
during mast of wor	ON (Give kind of work of king life, even if retired HOUSE		kind of Business of kat Home		Pennsyl	vania	(Dubois)		ZEN OF W	HAT COL	INTRY?
13. FATHER'S NAME	uel Russell	Tard	iola	1	4. MOTHER'S MAIDEN		e Palmer	D			
	ER IN U. S. ARMED FOR (If yes, give wor or doles of se	CES? 16.		Lill.	Joseph L.	Down	s (Husbar	10 R.1	arson D.#2 isbur	XXX	. Md
PART I. DEA	immediate (Uremia Pyeloneph						ONSET	MO.	N TH
Cause (a), stating lying cause last. PART II. OTH	rne under-		CONTRIBUTING TO DEA			MINAL DISEA	SE CONDITION GIV	VEN IN PART	PE	AS AUTO	25
PART II. OTH	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF			Port I or Pa	rt II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yeo	r 20d. It While at wart	Nat while	20e. PLACE foctory	OF INJURY (Hame, for , street, office bldg., e	rm, 20f. (Cil	y or tawn)	(Co	ounty)	(5	itate)
21. I certify the alive on Feb. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	L. V. Ma	_, 12	58, and that	death oc	curred at 10:3 Sal Deer	OPM, fra ADDRESS (S isbury		and on the state)	e date s		bave.
220. BURIAL, CREMATIC REMOMAL (SPETIA)			22c. NAME OF CEME Bethel (TERY OR CI	h Cemeter	22d. 10CA	Iston, Mc	or county)	B.# 1	Stote) Pars	ons
23. FUNERAL DIRECTOR HOLLOWAY		- S	ADDRESS	MARY	TAND	O BY REGIS		STRAR'S SIGI	NATURE	TIGA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.: Page 4 may be reto

ned by the haspital or attending physician. RECTOR: After this certificate has been signed by the attending physician and completely filled

be detached for use as the burial-transit permit.

the registrar priar to burial, crematian, ar remayal, and in any

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27	0505	NT OF HEALTH—BALTIMORE, 18 (12532
V	2030 CERTIFICAT	TE OF DEATH Reg. Dist. No.
	PLACE OF DEATH o. COUNTY Wicomico Maryland	o. STATE Maryland b. COUNTY Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares Lown) Parsonsburg	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parsonsburg
00	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION U.S.Route #50(At Home)	U.S. Route #50 at Home on A FARM?
	NAME OF DECEASED (Type or print) RUFUS First Middle RUFUS	ENNIS OF THE PROPERTY 3rd 1958
S.		April 6,1878 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Mogths Property
	o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTR during most of working life, even if refired) etired Merchant (Operated General S	11. BIRTHPLACE (Stote or fareign cauntry) Store) Wicomico Co. Md. USA
13.		Sarah E. Perdue
15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INS. 18. No. or unknown) (If yes, give wor or dates of service)	Grand Research Resear
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	earding interval between onset and death
	Conditions, if ony, which) DUE TO Hethertune in	n 10 yrs
	gave rise to immediate couse (o), stoling the <u>under-lying</u> couse lost.	
CATION	100111011	or related to the terminal disease condition given in part 1(0) 19. WAS AUTOPSY PERFORMED? YES allow resulting and analysis intaids YES INO
CERTIFI	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW MIJURY OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Nat while factor of work at wark	OF INJURY (Home, form, yetreel, office bldg., etc.) (City or town) (County) (State)
	21. I certify that I attended the deceased from 19 45 alive on 2 2 , and that death as	ccurred at 9:00AM, fram the causes and an the date stated abave

(County) (State) hat I last saw the deceased an the date stated above. DATE SIGNED Wellards ma. PHYSICIAN'S NAME (Type) Dr. Frank R. Lewis Willards, Maryland Feb. 1958 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) Feb. Parsonsburg Cemetery Parsonsburg, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY & SALISBURY, MARYLAND DATE FEB 5

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Rea. Dist. No.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 1950 IF UNDER 1 YEAR IF UNDER 24 HRS Days 12. CITIZEN OF WHAT COUNTRY? HINTERVAL BETWEEN ONSET AND DEATH days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO C (County) (Stote) ta_____, 19____,that I last saw the deceased P.M. fram the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 226. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) MOVAL (Specify) 23. FUNERAL DIRECTOR'S-SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

page 0 VS A15 (4) 15M 9/55

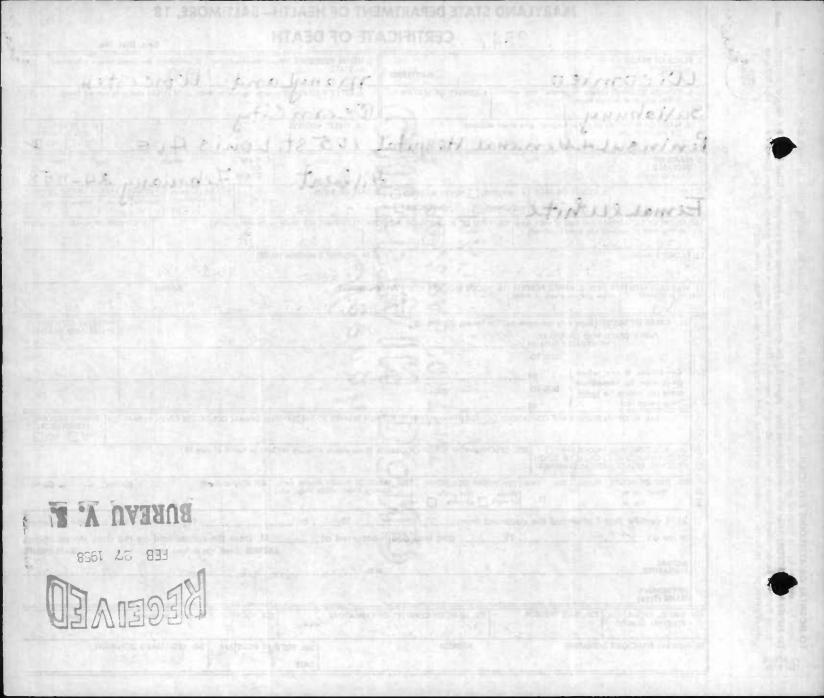
death.

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, 2041	CLICITICA	TE OF BLATTI	Reg. Dis	t. No.
PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where decea	b. COUNTY	te before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	GTH OF STAY IN 16	c. CITY OR TOWN If outside cor	porote limits, write RURAL and g	pive nearest town)
Saliabunn		Decancia	1	23 X-2
d. NAME OF HOSPITAL (If par in hospital, give street address) OR INSTITUTION	Unahital	d. STREET ADDRESS	o nie nie	e. IS RESIDENCE ON A FARM? YES NO 12
NAME OF First	Middle	Lost 4. DATE	WIS HALE	
DECEASED (Type or print) /ZETTA	ULIA &	lost 4. DATE	~ r	Doy Yeor 24-1958
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	DATE OF BIRTH	9. AGE (In years IF UNDER lost birthday) Months	YEAR IF UNDER 24 HRS.
emal White WIDOWED	DIVORCED 🗌	MAR. 16, 1913	T Tyrs.	Days Hours Min.
do. USUAL OCCUPATION (Give kind of work done 10b. KIND O during most of working life, even if retired)	+ HOME	TRY 11. BIRTHPLACE (State or foreign	(country)	IZEN OF WHAT COUNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		0,000
CHARLES H. LEASH		IRENE LIVI	INGSTON	
was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (1) yes, give wood or dates of service)	-10-668 M	E.ROBERT GI	LBERT OCEA	NCITY M
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c):]	B /		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Mull	Mirem on nota	16	ONSET AND DEATH
17/ V DUE TO /	. 10.	·		1109
Conditions, if ony, which)	at Class	1111		18ma
gave rise to immediate	11			10 ,000
lying course last	U			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOOR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED	. (Enter nature of injury in Port I or P	ort II of item 18.)	
	les su			
		CE OF INJURY (Home, farm, 20f. (Cory, street, office bldg., etc.)	ity or town) (C	ounty) (State)
21. I certify that I attended the deceased from		1958, ta Z'2	19 that I I	ast saw the deceased
alive an 7, 7, 19 3	, and that death	accurred at 905 M, fro	om the causes and on th	e date stated abave
THE WALL		ADDRESS	(Street, city or town, stote)	DATE SIGNED
ACTUAL SIGNATURE	Λ	A.D. 1/401 []	HEV	212418
PHYSICIAN'S NAME (Type)				
O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N	AME OF CEMETERY OR	CREMATORY (22d. LOC	ATION (City, town, or county)	(State)
BURIAL 2 27/58 M		HAPEL GM. N	IT, AIRY R	FD. MD
FUNERAL DIRECTOR'S SIGNATURE	Derlin Y	24a. REC'D BY REGI	ISTRAR 246. REGISTRAR'S SIG	NATURE '
		DATE		

VS A15 (4) 15M 9/55



CERTIFICATE OF DEATH 2548 Rea. Dist. No. filed-with director Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND death. eral b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be hauld d. NAME OF HOSPITAL (If nat in hospital, give street address) #d. STREET ADDRESS e. IS RESIDENCE OR INSTURUTION ON A FARM? YES NO 4 NAME OF First Middle 4. DATE Month Day Year DECEASED (Type ar print) DEATH 19 57 SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years last birthday) Manths Days Haurs WIDOWED | DIVORCED T 196. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME MOTHER'S MAJOEN NAME physician WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO any Conditions, if any, which gave rise to immediate DUE TO casse (a), stoting the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, affice bldg., etc.) Hour o. m. While Nat while at wark of wark 21. I certify that I attended the deceased from ... 19that I last saw the deceased and that death occurred at 4: 40PM, from the causes and on the date stated above, ADDRESS (Street, city or town, state) ed by py ACTUAL pe SIGNATURE PHYSICIAN'S NAME (Type) FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY page 128. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 23_FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D/BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2549 **CERTIFICATE OF DEATH** 02536

						Mag. DIS	1. 110.					
1. PLACE OF DEATH o. COUNTY Wicomico	MARYI	0	STATE Maryl		l lived. If institution b. COUNTY	Wico			ion)			
b. CITY OR TOWN (If outside carporote limit RURAL and give nearest town) Salisbury	c. LENGTH OF STAY I	N 1b c.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Quantico									
d. NAME OF HOSPITAL (If not in haspital, gor Institution Deer's Head State H	ive street address)	19	STREET ADDRESS	<u> </u>			•		IDENCE FARM?			
3. NAME OF Fire DECEASED (Type or print) Man	garet Purnell	Gordy	Lost	4. DATE OF DEATH	Mon Februa		25,	,	Yeor 19 58			
5. SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIE WIDOWED NOT DIVORCED		gust 16,		9. AGE (In years last birthday) 93 yrs.	IF UNDER Months	1 YEAR Doys	Hours Hours	R 24 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) ——	tone 10b. KIND OF BUSINESS OF	R INDUSTRY 1		ote or foreign co	untry)	12. CITI	ZEN O	F WHAT	COUNTRY			
13. FATHER'S NAME		14.	MOTHER'S MAIDEN	NAME								
Robert Twilley			Amel	ia Mess	ick							
15. WAS DECEASED EVER IN U. S. ARMED FORG		17. INFORM			Addr							
No	-	Deer's	Head Ho	spital .	Records,	Salis	bur	y, M	ld.			
18. CAUSE OF DEATH [Enter only one co- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Arteriosclero		diovascu	lar dis	ease		INTE	RVAL BE' ET AND Year	DEATH			
Conditions, if any, which gave rise to immediate couse (o), stoting the under. DUE TO Arteriosclerosis, generalized DUE TO									°S			
lying couse lost. (c) PART II. OTHER SIGNIFICANT CONTINUE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITIONS CONTRIBUTING TO DEA					EN IN PART	1(a) 15	PERFO	AUTOPSY RMED?			
					5011							
20c. TIME OF INJURY Month, Doy, Yeo Hour o. m. p. m.	While Not while of work of work	20e. PLACE OF foctory, st	INJURY (Hame, for reet, office bldg., e	rm, 20f. (City	ar town)	(C	ounty)		(State)			
21. I certify that attended the alive on February 25.			rred at 10:10	OPM, fram	the causes a	nd an th		e state				
PHYSICIAN'S I. V.	Maldve, M.D.			's Head	State Ho	spita	1					
220 MURIAL, CREMATION, 22b. DATE THEREOF	- 58 Quant		ATORY		ON (City, town, o	r county)	1	(Stote	6			
73. FUNERAL DIRECTOR'S SIGNATURE	Romes	· am	240 ME	C'D BY REGISTR	1	TRAR'S SIG	NATURI	E				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF PLATH

BUREAU V. S.

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the registrar

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2551

CERTIFICATE OF DEATH

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	~	OOT						Reg. Dis	t. No.		
1. PLACE OF DEATH o. COUNTY Wicomic	20		MARYLAND	[]	USUAL RESIDENCE (Vo. STATE Mary)		ed lived. If institution b. COUNTY	~	e befor		an)
b. CITY OR TOWN (IF		s. write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF		orate limits, write Pl				
RURAL and give near	rest town)	,	151 months		Crisfiel	1939	The state of the s				
d. NAME OF HOSPITAL	- M	ive street		-	d. STREET ADDRESS	La		1.07		e. 15 RESI	DENCE
Deer s Hea					S. Somers			YES	FARM?		
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mon	th	Da	y Y	'eor
(Type or print)	Erne	st	S.		Gunby	OF DEATH	Fel	b.	3	1	958
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER			
Male	White	WIDOWE	DIVORCED		3/12/1875		82 yrs.	Manths	Days	Hours	Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work	dane 10b.	KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (Stot	e ar fareign	country)	12. CITI	ZEN O	F WHAT	COUNTRY
-	ng me, even ir remed		-		Maryland	1		J	JSA		
13. FATHER'S NAME		7		1.	MOTHER'S MAIDEN	NAME					
Elisha Sa	amuel Gunb	У		4	Mary Ci	rocket	t				
15. WAS DECEASED EVER (Yes, no. or unknown) Unk.	IN U. S. ARMED FOR yes, give war or dates of so		SOCIAL SECURITY NO. 17.	INFO	RMANT Hospit	cal Rec	cords Addr	@55			1108
gove rise to imicause (a), stating the lying cause last. PART II. OTHE Ca. (Ca.) 20a. ACCIDENT WAS OR CONTRIBUTING I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURRED. (Fater nature of injury in Part II or Part II of item 18.)										
USE TIME OF INJURY Hour o. m.	EDICAL EXAMINER)	or 20d. In While at wark	Not while	PLACE factory	OF INJURY (Home, far street, office bldg., e	rm, 20f. (Cit	ly or town)	(C	(ounty)		(State)
PHYSICIAN'S G PHYSICIAN'S G 220. BURIAL, CREMATION	Kosmahly	, 19 5	D. 22c. NAME OF CEMETERY	_ M.D.	Deer's Salisbu	A • M, fro ADDRESS (Head (Head (1ry, Ma	Street, city or town, State Hosp aryland MION (City, town, o	ond on the state) pital or county)		e state	d above TE SIGNED
23. FUNERAL DIRECTOR'S	2/5/58	~~	Riggin Fam ADDRESS Cristiel			C'D BY REGIS		TRAR'S SIG	4	RE	

State of self-building and self-building lines for

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AL, SEARCE CONTRACTOR SAND

(2596 CERTIFICA	ATE OF DEATH	Reg. Dist. No. (12539)
filed with	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE)	d lived. If institution: Residence before admission)
uld be fi	b. CITY OR TOWN (It putside corporate limits, write RURAL old give protest town)	c. CITY OR TOWN (If outside corp	brate limits, write RURAL and give nearest town)
33.40	d. MAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
Poges 1 on	3. NAME OF DECEASED (Type or print) Add P	Hall 4. DATE OF DEATH	1-41
5 0 0	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED	S. DATE OF BIRTH	9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
death.	100. USUAL OCCUPATION (Give kind of work done during) most of working life, even if retired)	mory	12. CITATEN OF WHAT COUNTRY?
physicion of the hours offer hours offer	13. FATHER'S MANE	14. MOTHER'S MAIDEN NAME	(Unknows)
ng phys	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (17 yes. give wor or dates of service)	Mrs Emma	Bornett Willords
offendi n pleos t within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	tis chronic	INTERVAL BETWEEN ONSET AND DEATH
l by the nit. The ny even	Conditions, if ony, which) DUE TO Literatural	sim	5-1822
sit pern	gave rise to immediate cause (o), stating the under-lying couse lost. DUE TO (c)	elissis	
iol-tran	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ificate h the bur	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature af injury in Port I or Pa	rt II of item 18.)
use as ematian	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While No while of work of wark	LACE OF INJURY (Hame, farm, 20f. (Cit octory, street, office bldg., etc.)	y or town) (Caunty) (State)
ched for	21. I certify that I attended the deceased from 1930 alive on 2 4 4 1958, and that death	19 to 4-46	m the causes and an the date stated above.
RECTOR be detained to be	ACTUAL SIGNATURE SEAME PLANS		DATE SIGNED
s shere	PHYSICIAN'S Frank RiLew	15	
o FUN	229 BURIAL, CREMATION, 226. DATY THEREOF 220 NAME OF CEMETERY CONTROL (Specify)	tape //	Willereds Mile.
A15 (4)	23. EUNERAL BIRECTOR'S SIGNATURE ADDRESS	DATE FER 1 Q	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. &

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2552

CERTIFICATE OF DEATH

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Ren	Dist	No		

	PLACE OF DEATH COUNTY Wice	omi.co			MARYLA	II	o. STATE Mary	(Where deceo		institutio OUNTY	-	en Ar		
. 1	Salisbur		ts, write		of STAY IN	16	c. CITY OR TOWN	(If outside cor	porote limits,	write R	URAL and	give near	est lowr)
	OR INSTITUTION	AL (If not in hospitol, g Head State		oddress)	, 0		d. STREET ADDRE	SS						IDENCE FARM? NO
	NAME OF DECEASED (Type or print)	Donal			Middle		lost Hanna	4. DATE OF DEAT		Mon		Day 22		rear 19 58
5. 5	Male Male	6. COLOR OR RACE White	7. MARS		ER MARRIED		7/29/189L		9. AGE (I lost bir	thdoy)	IF UNDER	Days Days	-	
10a	. USUAL OCCUPATIO during most of work Unknow	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BU	ISINESS OR I	INDUSTRY	11. BIRTHPLACE (Stote or foreign			12. CI	TIZEN OF	WHAT	COUNTRY?
13.	FATHER'S NAME					1	4. MOTHER'S MAID	EN NAME						
	2						9							
	, no, or unknown] (R IN U. S. ARMED FOR If yes, give war or dates of s	ervice			17. INFO	RMANT Hospi	tal Re	cords	Addi	es Sa	lisbu	ıry,	Md.
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		_), and (c).] lmona	le						INTER	TAND	TWEEN DEATH hrs.
Conditions, if ony, which gove rise to immediate couse (o), stoting the under: Lying couse lost. DUE TO Cardiovascular Disease (b) DUE TO (c)										Yea	rs			
CERTIFICATION		ER SIGNIFICANT CON		CONTRIBUTIN	NG TO DEATH	H BUT NO	T RELATED TO THE 1	ERMINAL DISE	ASE CONDIT	ION GIV	EN IN PAI		PERFO	AUTOPSY RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OCC	URRED. (I	inter nature of injur	y in Port I or P	art It of item	18.)		4		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While of wor	NJURY OCCL Not what at war	nile	PLACE foctory	OF INJURY (Hame, , street, office bldg	form, 20f. (C	ity or town)			County)		(Stote)
	alive onF	at I attended the		<u>58</u> , ,	Feb.	20 eath ac	., 19 <u>58</u> , to	35AM, fr	om the co	uses c	and on t		state	
	SIGNATUREPHYSICIAN'S	G. Kosn).	M.D		sbury,			spita	1	2/2	22/58
1	BURIAL, CREMATION REMOVAL (Specify)				OF CEMETE	- 0			ATION (City		or county)	ma	Stot	e)
100	FUNERAL DIRECTOR'S	SIGNATURE	Us	ADDRE	ESS		24a. DATI	REC'D BY REG		IL REGI	STRAR'S SI	GNATURE		

and by the haspital or attending physician.

RECTOR: After this certificate has been signed by the attending physician and campletely filled

be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with prior to burial, crematian, or remaval, and in any event within 72 hours after death. moy be re

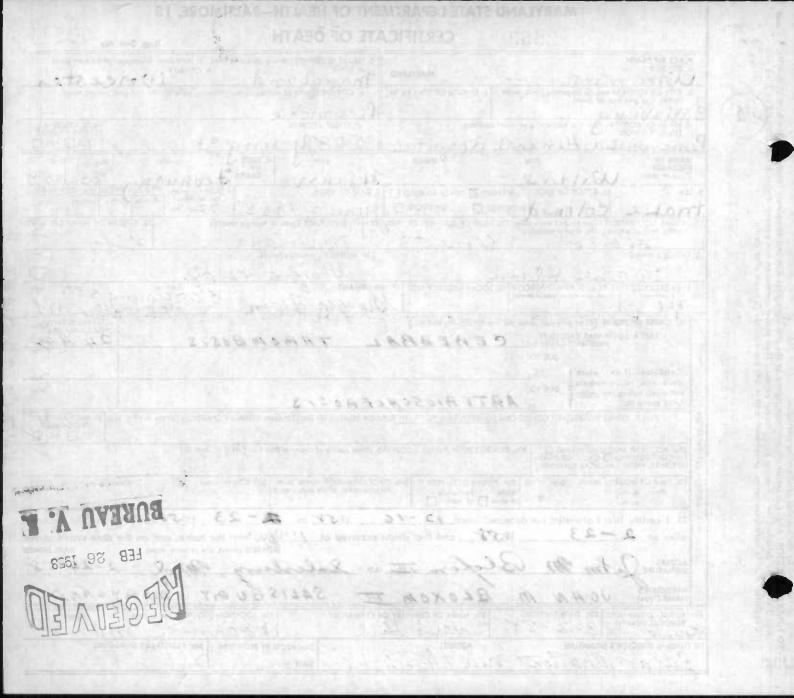
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

BUREAU V. E

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
to	2553 CERTIFICATE OF DEATH Reg. Dist. No. 02541
l director, filed with	1. PLACE OF DEATH O. CQUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY D. COUNT
unerol de be	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL ond give nearest town) RURAL ond give nearest town)
å å	d. NAME OF HOSPITAL (Innot in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
filled and and	3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year OF DECEASED (Type Spring)
Po	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER V YEAR IF UNDER 24 Hrs. Iss birthdoy) 72 yrs. WIDOWED DIVORCED DIV
nd campletely on papers. Pa death.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
6 50	13. FATHER'S NAME 14. MOTHER'S MAJORN NAME 10. MOTHER'S MAJORN NAME
ing physician e remave ca 72 haurs afi	15. WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Ves. no. or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service)
he attendin hen please	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] THEO MEDIATE CAUSE (o) DUE TO
signed by t t permit. I d in any ev	Conditions, if any, which gove rise to immediate cores (a), stating the under-lying cause last. (b) DUE TO (c) ABTEBIOSCHLEBOSIS
ng physician of the phy	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DEATH
ficate has the buria	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
al or att	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED Acce OF INJURY (Home, farm, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.)
Affer the formula curial, cri	21. I certify that I attended the deceased fram 12-16, 1958, to 23-23, 1958, that I last saw the decease alive an 2-23, 1958, and that death occurred at 110pm, fram the causes and an the date stated above
d by the SECTOR ion to be	ACTUAL SIGNATURE Of M.D. Solusburn On & 2-24-58
shor pri	PHYSICIAN'S NAME (Type) JOHN M. BLOXOM THE SALISBURY, MARY LAND
Poge 3	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY POCOMONO (City, town, or county) (Stote)
VS A15 (4) 15M 9/SS	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE DATE: D 2 6 158
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DIRECTOR: assembly

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CERTIFICATE OF DEATH

2554 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED conuco COUNTY LL COUNTY STATE MARYLAND (in this place) (If outside/corporate limits, wrife RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give naerest town) and give negrest town OR OR TOWN UND TOWN (Marel give locetion) HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS DATE 3. NAME OF (First) (Middla (Lost) (Month) (Dey) (Year) DECEASED DEATH (Type or Print) SEX COLOR OR SINGLE, MARRIED DATE OF BIRTH AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED, Months Devs Hours (Spacify) Dekerve VIS KIND OF BUSINESS 10e. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State br foraign country) 12. CITIZEN OF WHAT OR INDUSTRY done during most of working life, even if COUNTRY retirad] 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS 14-10 CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [NO 21e. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Homa, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (Stata) (County) OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Whila Not while at work et work 5...5., that I last saw the deceased 19. 22. I hereby certify that attended the deceased from...... alive on and that death occurred atM, from the causes and on the date stated above. SIGNATURE (Streat, city, town, state) DATE SIGNED M.D. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, or county). (Steta) REMOVAL (SPECIFY) 8 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** DATE FEB 2 4 158

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2597

CERTIFICATE OF DEATH

02544

Reg. Dist. No.

1.		icomico		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico						
	RURAL and give no	f outside carporote limit carest town) bicoke	s, write	c. LENGTH OF STAY IN	4 1P				ate limits, write F	URAL ond g	give nearest	town)
		AL (If not in hospital, g	ive street			d. STREET ADDRESS o. IS RESIDENC. ON A FARM YES NO						
	NAME OF DECEASED (Type or print)	EDGAR	st .	Middle S.		HORNER	?	4. DATE OF DEATH	Mor Feb		Doy 15	Yeor 19 58
5.	sex Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED	-	8. DATE OF BIRTH	5		9. AGE (In years lost birthday) 73 yrs.	IF UNDER	TYEAR IF	JNDER 24 HRS. Durs Min.
100	. USUAL OCCUPATION	ting life, even it relired)		KIND OF BUSINESS OR VIL Servi		STRY 11. BIRTHPLA				12. CIT	IZEN OF W	HAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
L		Williams				Kat	e Sh	larre	tt			
(Ye	s, no. or unknown)	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. H	NFORMANT			Add	ress	17.00	-031.74
	No l	~			Mr	s Edgar	Hor	ner,	Waterv	iew.	Mary	rland
		TH WAS CAUSED BY:	(6	cele (c), (b), and (c),	en	سىلات	Oc	c Ore	sin		INTERV	AND DEATH
	Conditions, if a gove rise to i couse (o), stoting	ny, which (b)	(U)	ter is se	<u>Qe</u>	ietee	Jea	nt d	Disea	sl	6	Gars
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO											
CERTIFI	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY OCC	CURREC	D. (Enter nature of	injury in P	art I or Port	II of item 18.)			
MEDICA	20c. TIME OF INJUR Hour o. ft. p. m.	Y Month, Day, Yea	While of worl	Not while	Oe. PL/ foc	ACE OF INJURY (History, street, office	ame, form, bldg., etc.)	20f. (City	or town)	(0	County)	(State)
	21. I certify th	at I attended the	decease	ed from	50	19:52	to	2/15	195	Sthat I I	ast saw	the deceased
	actual SIGNATURE	2/15 lier 04	125	and that d	leath	occurred at				and on th		
	PHYSICIAN'S NAME (Type) R	chard H.	Sau	nders		Na	ntic	oke,	Maryla	nđ	2/15	758 ·
220	BURIAL, CREMATIO REMOVAL (Specify) BUT1al	N, 226. DATE THEREO		Lowden P		r crematory			on (City, town, timore.			(Stote)
23.	EUNERAL DIRECTOR	SSIGNATURE	, Bi	ADDRESS Valve, Ma:	3.4	and	24a. REC'D	BY REGISTR		STRAR'S SIG		

BUREAU V. S.

EEB 04 3328



		MENT OF HEALTH—BALTIMORE, 1	02545
Bo	2556 CERTIFIC	CATE OF DEATH	Reg. Dist. No.
M	PLACE OF DEATH a. COUNTY O MICOMICO MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE B. COUNTY b. COUNTY	on: Residence befare admission)
0)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give Acarest town)	b c. CITY OR TOWN (If outside carporate limits, write R	URAL and give nearest tawn) # 2 23 X - 5
82	ON NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OEN INSULA SEMERAL HOSPITAL	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) JACK THOMAS	HOWARD. 4. DATE OF DEATH FEBRUA	AR1/24, 1958
I	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	last birthday)	Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)	IDUSTRY 11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME WILLIAM Thomas HOWARD	THELEN COLE Th	omas,
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	WIT Y forward III Add	ocombe ma
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	me failure	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b) Equation (b)	ostosis Fatalis	
	gave rise to immediate cotse (a), stating the under-lying cause last.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I		/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port I or Port II of item 1B.)	
	ZOc. TIME OF INJURY Manth, Day, Year While Not while at work at wark	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(County) (State)
	21. I certify that I attended the deceased fram. 21. alive an 2124, 1958, and that dec	ath occurred at 2 P. M, from the causes a	Ethat I last saw the deceased
1	ACTUAL William (Morgan	ADDRESS (Street, city ar town,	
	PHYSICIAN'S NAME (Type)		
8	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER BEMOVAL (Specific Fig. 4) 24/58 Baptist	Y, OR CREMATORY 22d. LOCATION (City, town, o	(Stote) (Stote)
8)	23. FUNEFAL DIRECTOR'S SIGNATURE ADDRESS LENNY D. Walson (Pocomi	hamd 24a. REC'D BY REGISTRAR 24b. REGISTAR 2	STRAR'S SIGNATURE
	0.00 642 4 4 11		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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2557	LAIIIICAI		Re	g. Dist. No.
1. PLACE OF DEATH COUNTY A LCONIC	MARYLAND	2. USUAL RESIDE	NCE (HOME) OF DE	Hiconic/
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (It outside corp	orate limits, write RURAL end	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS 29	H rurel give	e Clare.
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	Luclen	4. DATE (Month OF DEATH	(Day) (Yaar) 20 19 5 2
RACP WIDOV (Specify	VED, DIVORCED.	OF BIRTH / 17 - 9/	9. AGE last birthday yrs.	Months Deys Hours Min.
done during most of working life, even if retired)	OR INDUSTRY	Maryla		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Venebal	lee)	14. MOTHER'S MAIDEN	Sare	one;
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	16. SOCIAL SECURITY NO. 220501-894	46 Saller	ADDRESS X Jude	on Farlow
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH 18. MEDICAL C	pur fisic	ine	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	60x Dialite	Milled	aus	
19a. DATE OF OPERATION 19b. MAJOR FIN	IDINGS OF OPERATION			20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E (Homa, farm, factory, straet, ollica bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour M.) 21e. INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCU	JR?	
22. I hereby certify that I attended the alive on		at S. 3 P.M. from the		ite stated above.
23. BURIAL, CREMATION, DATE THEREOF PURLS 2-25	S8 Pregu A	cras Cem	LOCATION (City, Jown,	on l
24. REC'D BY REGISTRAR REGISTRAR'S SIGN	NATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-PALTIMONIATE

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2558 **CERTIFICATE OF DEATH** 02547

	PLACE OF DEATH O. COUNTY W1	comico	MARYLAND	2. USUAL RESIDENCE (o. STATE Mary		lived. If instituti b. COUNTY		e before o	idmission)			
	b. CITY OR TOWN (IF RURAL and give nec Salisbur	outside corporate limits, write prest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (ate limits, write R		ive nearest	_			
	d. NAME OF HOSPITA	d State Hospit d State Hospit		d. STREET ADDRESS	IAXX			0. [S RESIDENCE ON A FARM? ES NO			
	NAME OF DECEASED (Type or print)	First Lvdia	Middle	lost James	4. DATE OF DEATH	Mor Feb		Day 6	Year 19 58			
5.	Female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED TO DIVORCED DIVORCED	8. DATE OF BIRTH 7/10/1884		9. AGE (In years tost birthdoy) 73 yrs.			UNDER 24 HRS. ours Min.			
100	0. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) C. & P. Phone Co. Tele. Operator 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Waryland 12. CITIZEN OF WHAT COUNTRY? USA											
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME							
	Samuel J	441100			Willia							
1S. (Ye	WAS DECEASED EVER 1. no. or unknown) Unk.	IN U. S. ARMED FORCES? 16 yes, give war or dates of service)	social security No. 17. 1 20-036499.	NFORMANT Hospit	al Reco	rds Add	ress					
	PART I. DEAT	H (Enter only one couse per I H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ine for (o), (b), ond (c).] eneralized car	cinomatosis				INTERV	AL BETWEEN AND DEATH			
	Conditions, if an gove rise to im cause (a), stating II		Years									
	lying couse lost. (c)											
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum NO \(\sum \)											
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Port 1 or Port	It of item 18.)						
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	While		ACE OF INJURY (Home, fo ctary, street, office bldg.,	orm, 20f. (City	or town)	(C	ounty)	(Stote)			
	21. I certify that I attended the deceased from Dece 2 , 19 57, to Feb. 6 , 19 58, that I last saw the deceased alive on Feb. 6, 19 58 , and that death accurred at 7:48A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE											
	PHYSICIAN'S NAME (Type)	L. V. Maldve,	M. D.	Salis	bury, M	aryland						
220	BURIAL, GREMATION REMOVAL (Specify)	7. 226. DATE THEREOF	22c. NAME OF CEMETERY OF	or CREMATORY Mith.	7 LLQ	ON (City, town,	Tal	lox	(Stote)			
23.	FUNTERAL DIRECTOR'S	7 - 1 "	ADDRESS Aman.	24a. RE	C'D BY REGISTE	RAR 24b. REGI	STRAR'S SIG	NATURE				

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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2598 CERTIFICATE OF DEATH

Reg. Dist. No (12549)

	PLACE OF DEATH a. COUNTY	Wicomic	00	MARYLAN	- 11	2. USUAL RESIDENCE of STATE	(Where de		ved. If institution b. COUNTY		nce befor		
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) te Haven					c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) White Haven							
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g In Vil	ive street oddr	ess}		d. STREET ADDRESS	n Vi	lla	ge				DENCE FARM? NO X
3.	NAME OF DECEASED (Type or print)	BORI		Middle FRANK		JUSTIC:	E 4. D		FEB		9th		Year 19 58
5.	Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED [-	May 16,1	893	9.	AGE (In years low bythday) Yrs.	Months 8	23'	Hours	R 24 HRS. Min.
L	Retired work	N (Give kind of work of ing life, even if retired)	lane 10b. KINI Ker	Steel Mi		Saxis	, Vi			12. CI		S A	COUNTRY
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME To law \$10.07 Core To only 10.00 Core To only 10												
15	John Wesley Justice Mary Wilkerson was deceased ever in u. s. armed forces? 16. Social security No. Informant Robertson Justice (Wife)												
137	". no or unbown)k	If yes, give war or dates of se	rvice)		Mra	White H	bert aven	son Ma	Just'i arylan	če(h	life)	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: CHRONIC CONGESTIVE CARDIAC INTERVAL BETWEEN ONSET AND DEATH SMANLTH												
	Conditions, if any, which) (b) ATHEROSCLEROTIC CARDIO VASCULAR)												
	gave rise to immediate DISEASE & MYOLARDIAL INSUFFICIENCY									NKY	3	egro	
CERTIFICATION	lying cause last. (c) PAN HYPO PITUITARISM.									/	3	un	
	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH	8UT N	OT RELATED TO THE TE	RMINAL D	ISEASE C	ONDITION GIV	EN IN PA	RT 1(a) 15		AUTOPSY RMED? NO X
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED.	(Enter nature of injury	in Part 1 c	or Part II	of item 18.}				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yea	While	Y OCCURRED 20e Nat while at wark	PLAC focto	E OF INJURY IHame, for ry, street, affice bldg.,	etc.)	. (City or	tawn)		(Caunty)		(State)
	21. I certify that I attended the deceased from 1/1/20, 19.57 to 1/27, that I last saw the deceased alive an 2/9, and that death accurred at 1:30 P.M., from the causes and an the date stated above												
	ACTUAL SIGNATURE	· DA	wit		M.	0. 211)	000	SS (Stree	t, city or town,	ue_		2	ITE SIGNED
L	PHYSICIAN'S DY	Andrew O.J. Bu	c. Mit	chell	Ma	aryland A	ve.	Sal	isbury	, Md.	Fe	b. 2	111 /5
22	BURIAL, CREMATION	Feb. 12,		C. NAME OF CEMETER					N (City, town, obury,		rlan	d (Stote	e)
	FUNERAL DIRECTOR'S			ADDRESS		EHG 12	EC'D 8Y R	EGISTRA	R 24b. REGIS	TRAR'S SI	GNATUR	E	
H	OLLOWAY &	COMPANY	- SAI	LISBURY M	AR.	LAND DATE	4 '58		011	-	-		

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RANGE OF A STATE DEPARTMENT OF A SALTH BALTIMONE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2599

Reg. Dist. No.

02550

1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Ma	here deceased lived. If in ryland b. co	nstitution: Residence	before admission)				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) (Rural) Parsonsburg	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) × Parsonsburg (Rural)							
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION R.D.# 1	ddress)	d. STREET ADDRESS B.	IS RESIDENCE ON A FARM? YES NO						
3. NAME OF DECEASED (Type or print) HENRY	AUGUST	KELLER	4. DATE OF DEATH F	Month EBRUARY	2nd Yeor 58				
5. SEX 6. COLOR OR RACE 7. MARRII WIDOWEE	DIVORCED	B. DATE OF BIRTH July 17,188			YEAR IF UNDER 24 HRS. oys Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if stired) Machinist on Constru	ction Equip	nent Switz	or foreign country) erland	12. CITIZ	EN OF WHAT COUNTRY?				
13. FATHER'S NAME UnK		14. MOTHER'S MAIDEN N	NAME						
(If yes, give war or dates of service)		Parsonsb	ler(Wife)						
18. CAUSE OF DEATH [Enter only one couse parline PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	e for (0), (b), and (c).]	<u> </u>	4		INTERVAL BETWEEN ONSET AND DEATH OLLLE				
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. DUE TO Regenerative Dearl Descere 3745 (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CO					(o) 19. WAS AUTOPSY PERFORMED? YES NO NO				
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. TIME OF INJURY Month Control of the Cont									
20c. TIME OF INJURY Month, Doy, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED While of work of twork of two twork of two twork of two twork of two									
21. I certify that I attended the deceased from the course of the state of the course and an the date stated above. ACTUAL SIGNATURE M.D. 334 Churche Cure Fileship 1358									
PHYSICIAN'S Dr. William D.		334 Camden	*						
Buffal Feb. 4,1958	Parsonsbur	Cemetery	Parsonsb	urg, Mar	yland (Store)				
23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY - SA	LISBURY, MA	RYLAND 240. REC'I	D BY REGISTRAR 24b.	REGISTRAR'S SIGN	ATURE				
		321	3 5 '58 ()	U. Lesuc	h				

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TE EPT.	-		25	61_			n			Reg. Dist. No	
A	1. P	COUNTY				/ A = 10	2. USUAL RESIDENCE o. STATE	E (Where deceose	ed lived. If institu b. COUNT		fore odmission)
(b.	CITY OR TOWN	Wicomi (If outside corporate limits, write		c. LENGTH OF STAY	IN Th		ryland	acate limite write	Somers RURAL ond give	
		and give nearest tow	wn)							19~	2
	d.	NAME OF HOSPI	ISDURY	not in hosp	ital, give street addre	ss)	d. STREET ADDRE	Pocomok ss	e CTTA		e. IS RESIDENCE
2		_	- ~				RFD #1				YES NO
		IAME OF	ıla Genera		Middle		Losi	4. DATE	Month	Doy	
		ype or print)	Geneviev	e	S.	TZ	netz	OF DEATH	2	18	19 58
	5. 51	Х	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIE	- pile de	A COUNTY OF THE PARTY OF THE PA		9. AGE (In years		IF UNDER 24 HRS
		FI	TAT	WIDOWED	DIVORCED	O A	pril.14.	1921	36 yrs.	Months Doys	Hours Min.
	10a.	USUAL OCCUPAT	ION (Give kind of work oring life, even if retired)	lone 10b. KI	ND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (S	tote or foreign co	ountry)	12. CITIZEN O	F WHAT COUNTRY
	0,	Housew					Mary	land		USA	
	13.	FATHER'S NAME					14. MOTHER'S MAIDE	EN NAME			
1			am Horst				Gertru	ide Geh	r		
1		WAS DECEASED E	VER IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. IA	FORMANT		Address		
/		no			none	J	ohn M. Ku	irtz, Po	ocomoke	City,	Marylan
			ATH [Enter only one cou	se per line fo						INTE	RVAL BETWEEN ET AND DEATH
		PARI I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)		Eclampsi	.a				Suc	iden
×/		64d.	3 DUE TO								
		Conditions, if									
		(a), stoting the									
	7	cause fost.) (c). THER SIGNIFICANT CON	DITIONS COL	NTRIBUTING TO DEAT	H RUT N	OT RELATED TO THE T	EDANINIAI DISEASE	CONDITION CIV	ENLINE BARY V-V	O MAS ALITORSY
	CATION	PARI II. OI	THE STOTAL COM	21110113 201	THE PERIOD OF TH		OF REDAILED TO THE II	PRIMITANT DIDENCE	CONDITION GIV		PERFORMED?
0		20a. EXTERNAL CA	AUSE WAS 201	DESCRIBE	HOW INJURY OCCU	RRED. (F	nter noture of injury in	Part Lor Part II	of item 19.1		YES NO
	2	PRIMARY OF CO	ONTRIBUTING []					7011 1 01 1 011 111	J. (1611) 15.)		
		20c. TIME OF INJU	URY Month, Doy, Yea	r 20d. IN	NJURY OCCURRED 2		E OF INJURY (Home,		or fown)	(County)	(Stote)
	MEDICAL	Hour o.m		While	Not while	focto	ory, street, office bldg.,	elc.)			
	-		that I taok charge			d abov	ve. held an Auto	posy D. In	spection ,	Inquiry	, and in my
			resulted fram: N					Homicide		rmined manne	
			60	/)			,		Timines mainin	" LJ
		ACTUAL SIGNATURE	En	r V	ne		M.D. CHIEF MEDICA	L EXAMINER			DATE SIGNED
2			77 . 7 T	D	· Due n			DICAL EXAMINE		70 60	
		EXAMINER'S NAME (Type)	Earl I	· Roy	rer, M.D.		DEPUTY MEDIC	CAL EXAMINER	3	2-18-58	
	220.	BURIAL, CREMATI	ON. 226. DATE THEREO	F :	22c. NAME OF CEMET	ERY DE	CHONARDOX	22d. LOCAT	ION (City, fown, o	or county)	. (Stole)
			//	0	77 9 9 0		20 0 0	_			
		BUT1AL DIRECTO	2-21-5	8	Holly Gr	ove	Mennonit	cel Rura		ver l'a	aryland

VS. A15ME

8'15" female child delivered 2/18/58; died same (lived 44 min.)
3-3-58 ams

BURKAU V. S.



02553

2569 CEPTIEICATE OF DEATH

L	200% CERTIF	ICATE OF DEATH	Reg. Dist. No.
1.	PLACE OF DEATH O. COUNTY MARYLA	II O STATE	lived. If institution: Residence before admission) b. COUNTY OMERSET
, 5	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (16 outside corpor	ate limits, write RURAL and give nearest town)
25	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ENINSLLLA GENERAL HOSPITA	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) First Middle	LAIR 4. DATE OF DEATH	FEBRUARY 22, 195
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	- 100 1 1 CO C	9. AGE (In years lost birthday) Wanths Days Haurs Min.
	Oa. USUAL OCCUPATION (Give kind of wark done during mark of working life, even if retired)	INDUSTRY 11 BIRTHPLACE (State or foreign co	unity) 12. CITIZEN OF WHAT COUNTI
13	A FATHER'S NUMBER Lavid	14. MOTHER'S MAIDEN NAME	Paris 1
15	(was deceased ever in U. s. ARMED FORCES? 16. SOCIAL SECURITY NO.	Lim Hall Bu	ceal the Wel
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	y Oschurian	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate DUE TO		
	lying cause lost. Co		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
		URRED. (Enter nature of injury in Port I or Port	Il of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. Haur a. m. While at work at work at work	De. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	or tawn) (Caunty) (State
	21. I certify that I attended the deceased from 2/10/2 alive an 2/2/2 19 and that d	eath occurred at 3 P.M. fram	the causes and an the date stated about
	ACTUAL SIGNATURE SIGNATURE RECORD R. Grance		eet, city or town, state) DATE SIGN
	PHYSICIAN'S NAME (Type)		//
2:	REMOVAL (Specify) 7 14/5 8 22c. MANE OF CEMETE	RY OR CREMATORY 22d OCAT	ON (City, tawn, or caunty) (State)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS!	cess House WE 2	7 '58 CULLEGUES
_			

may be respired by the haspital or attending physician.

O FUNERAL SECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 share be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL VS A1S (4) 1SM 9/5S

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FEB 27 1958

02554

	200	15	CEKTIFI	CAI	E OF L	EAIF	1			Reg.	Dist. No).	
o. COUNTY	Wicomico		MARYLAN	. (USUAL RESID		land		DUNTY		ience befo		sion)
b. CITY OR TOWN (I RURAL and give ne	f outside corporate limits, corest town) Salisbur		LENGTH OF STAY IN	1ь	c. CITY OR 1	Atho	2 9	orote limits,	write R	URAL an	d give ne	earest tow	n)
d. NAME OF HOSPIT. OR INSTITUTION	Pen. Gen			- /	d. STREET A	R.D.	#						FARM?
NAME OF DECEASED (Type or print)	NOAH		LITTLET	ON :	LANKF		4. DATE OF DEATH	1	FEB	RUA	RY 2	î'4	Yeor 19 58
Male	White	MARRIED		_ A	agust		1869	9. AGE (In 88.87	years hday) yrs.	Month:		Hours	ER 24 HRS Min.
during most of work Farming	ON (Give kind of work do ing life, even if retired)	ne 10b. KIN	Farmer	NDUSTRY	_			country) elawa:	re	12. (U	S A	COUNTI
Turpin I	Lankford			1	Lea!			nkfo	rd				
	R IN U. S. ARMED FORCE (If yes, give wor or dates of servi		CIAL SECURITY NO.	Mr.	Ted S	E. La eafor	ankfo	ord(B:	rôt	her)117	7 Co	nwe]
Conditions, if or gove rise to ir couse (o), stoting lying couse lost. Part II. OTH	nmediote (TIONS CON	TRIBUTING TO DEATH	th. BUT NO		Mary THE TERM		SE CONDITIO	lu	EN IN P	ART 1(o)	19. WAS	AUTOPSY ORMED?
PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIE	BE HOW INJURY OCCU	JRRED. (E	nter nature o	f injury in P	Port I or Pa	ort II of item	18.)			YES [
20c. TIME OF INJURY Hour o. m. p. m.		20d. INJU While of work	Not while	PLACE foctory	OF INJURY (I street, office	Home, farm, bldg., etc.	20f. (C	ulis	lu	us i	Gounty	mie	Stole
actual SIGNATURE	at attended the d	12.5	Neww	M.D.	22	6N.	Din.	m the cau Street, city or	ises of town	ind an	hele	ili	
	c.Carie I. N, 22b. DATE THEREOF Feb 17/	2:	m 2c. name of cemeter Odd Fello	Y OR CR			22d. LOC/	St.Sation (City,	lown, c	or county	·)	(Sto	1171
OLLOWAY 8	S SIGNATURE .		ADDRESS		LAND	240. RECE			_	TRAR'S	SIGNATU		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred by the haspital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 sh die detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/SS

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BUREAU V. S.

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THE PROPERTY OF STREET

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		25	54	CEKI	IFIC/	AIE OF DEA	4111			Reg. Di	st. No.		
	PLACE OF DEATH D. COUNTY	Wicomico		MAR	YLAND	2. USUAL RESIDENCE O. STATE Mar	E (When		lived. If instituti b. COUNTY		rfor	_	sion)
	CITY OR TOWN	(If outside corporate limit nearest lown)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN				URAL and	give neo	rest fow	n)
	Salis	bury			MO e	Abe	erde	en, M	d.			XX-	2
	OP INSTITUTION	PITAL (If not in hospitol, g				d. STREET ADDRE						ON A	FARM?
3.	NAME OF DECEASED Type or print)	fir Cl	yde	Middle		Lewis		4. DATE OF DEATH	Febru		20,	у	Yeor 1958
5. 5	Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARR	and how	B. DATE OF BIRTH June 8, 1	1902		9. AGE (In years lost birthdoy) 55 yrs.	Months 5	Days 19	Hours	ER 24 HRS. Min.
10o	during most of we	TION (Give kind of work or brighting life, even if retired To	done 10b.	Farm	OR INDU			r foreign co ginia	untry)		ISA	F WHAT	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIL	DEN NA	ME					
		James R. Lew	ris			Lucy	7 Al	derma	n				
	WAS DECEASED EN	/ER IN U. S. ARMED FOR		SOCIAL SECURITY NO		NFORMANT			Add		5 5		re Fig.
,	Unk.		2	3-20-2113	D	eer's Head	Hos	pital	Records	, Sal	isbu	iry,	ilde
		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o		cor pulmo:	, _						INTE	RVAL BE	TWEEN DEATH
	490) Canditions, if	10		Lobar pne	umon:	ia, right						18 1	nr.
	gove rise to couse (o), statin lying couse lost	g the under- DUE TO)	Severe bro	onch	iectasis						Year	rs
CERTIFICATION	PART II. O	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	PERFC	AUTOPSY ORMED?
_	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING THE CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter noture of inju	ry in Po	rt I or Port	II of item 18.)			2 1	
MEDICAL	20c. TIME OF INJU Hour o. m p. m	. 10	20d. II While of wor	NJURY OCCURRED Not while t ot work	20e. PL for	ACE OF INJURY (Home, ctory, street, office bldg	form, g., etc.)	20f. (City	or town)	{(County)		(Stote)
	21. I certify	that I attended the	deceas	ed from Oct.	25	19 57 to	Fe	b. 20	10 58	that I	lost so	w the	decease
		eb. 20,					:10P	M, fram		and an t		e state	
	ACTUAL SIGNATURE	G. Kor	····	les		м.d. <u>S</u> ä			Marylan		2/	/21/	58
	PHYSICIAN'S NAME (Type)	G. Kosmał	ily,	М. р.		Dee	er's	Head	State H	ospit	al		
1	BURIAL, CREMATI BEMOVAL (Specif BLLV/CL)	" Fel 21	1-58		. 1	R CREMATORY	1	- 11	ton City, town,	or county)	m	(Stot	e)
23.	FUNERAL DIRECTO	SIGNATURE	拉	ADDRESS TTO	110	240.	rE	BY REGISTS	AR 26 REGI	STRAR'S SIG	SPATUR	E	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ECTOR: After this certificate has been signed by the ottending physician and campletely filled has be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and prior to buriol, cremation, or remaval, and in any event within 72 hours offer death. TO FUNERAL TO HOSPITAL the registror poge 3 she

the funeral director, 2 should be filed with

ofter death. Page

VS A15 (4) 15M 9/55

E8 52 1828 24 25 FIRE WELL SHOT COLUMNIATION THE STATE OF THE PARTY OF THE SAME OF THE BOARD

T FOR STA	TE			ME	DICA	LEXAMIN		OF HEALT			18 Reg. Dist.	No. (1255)
HEALTH D	EPT.	1. P	LACE OF DEATH	Wisomico	565		LAND	2. USUAL RESIDENCE	Where deceased yland		tion: Residence	
stary, pleas ctor. Pag aur. files.)	ь	CITY OR TOWN (III ond give nearest town)	sutside corporate limits, write Salisbur		c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corpor	rote limits, write	RURAL ond giv	re nearest town)
is neces	00	d	NAME OF HOSPITA	303 Pond		pital, give street addres	15)	d. STREET ADDRESS 303	Pond	St		e. IS RESTDENCE ON A FARM? YES NO
he fuze e retoin he Store er deeth			IAME OF ECEASED Type or print)	GAI		EDWAI	RD	LONG	4. DATE OF DEATH	Feb.	23r	d 19 58
d 3 to t d 3 to t may be with th ours oft.			Male	White	WIDOWED			ec. 6,195	7	AGE (In years fast birthday) O yrs.	Months D	/
1, 2, on Poge 5 1 and 3		10a.	USUAL OCCUPATION WORKING NONe	N (Give kind of work of life, even if retired)	lone 10b. K	None	INDUST	Pen.Gen.H				U S A
Pages in PM3.				l James I				Marybell	e C. S			
hin 24 h L. Give with farmin. File		15. Yes.	No No	R IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO.	Mr.	Carroll J Salisb	ames L ury, Ma	ong (Fä	ther)3	03 Pond S
Item 18 along value olong value perm			PART I. DEAT	H [Enter only one count was CAUSED BY: MMEDIATE CAUSE (o)		for (o). (b). ond (c).] Broncho-p						nterval between buset and death Sudden
encil in Office iot-tron	1		Conditions, if on gove rise to immed									
should go in pominer; so but or, or		.,	(o), stoting the u	nderlying DUE TO (c).	NITIONIS CO	INTERIOR TO DEAT	LI DILIT N	OT RELATED TO THE TER	AUNTAL MICEACE	CONDITIONS	(Shi lhi Ba BY)	TIO WAS AUTOROV
pendin col Exc resed o	2	CERTIFICATION									EN IN PARI I	PERFORMED? YES NO
word word ef Mediouth be			200. EXTERNAL CAU PRIMARY 5r CON CAUSE OF DEATH.					nter nature of injury in Pe			(County) (Stote)
ting the the Chi ge 3 sh		MEDICAL	Hour g. m. p. m.	19	While of wo	rk at work	facto	ry, street, office bldg., et	lc.)			
L EXAN				resulted from: 1		*52"	dent [ve, held an Autop], Suicide],		pectian X, Undete	Inquiry rmined mo	and in my
AEDICA Servarian Servarian SIRECI noted o	7		ACTUAL SIGNATURE	tul		5		M.D. CHIEF MEDICAL ASSISTANT MEDI	-			DATE SIGNED
oute the	de	770		. Earl L		Zzc. NAME OF CEMET	FRY OR	DEPUTY MEDICA	L EXAMINER		b. 2	1958 (Stote)
TO DE	0		DELLEVIAL ICALLIAN	1Feb.25,		Wicomico ADDRESS		n.Park	Salis	bury, M	arylar	nd
VS. A15ME 5M 2/57	Copy	H	OLLOWAY	& COMPAN	Y - S	SALISBURY	MAI		EB 2 5 '58		Leave	h
		0	208224	4. * 4 5	Salphania.							

bil, Wings Lebisquett, neti. neti. .U DETMONTEN BUREAU V. A. THE METERS OF THE PROPERTY OF

	; 4	2568	CERT	IFIC.	ATE OF DEATH	1		Reg. Di	ist. No.		200
1. PLACE OF DEATH a. COUNTY Wicomico			MAR	RYLAND	2. USUAL RESIDENCE (Who o. STATE Hary):		d lived. If institution b. COUNTY			re odmis	
RURAL and give ne	autside carporate lim		c. LENGTH OF STA		c. CITY OR TOWN (If a				give ned	prest taw	n)
Salisbury	, Maryland		5 months	3		timore	e, Maryla	nd	Vo	1-1	4
OR INSTITUTION	AL (If not in hospital, sead State I				d. STREET ADDRESS	st St	reet				SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Gus	st	Middl	le	Madden	4. DATE OF DEATH	Bebr	uary	2	2	Yeor 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARE	RIED 🔲	B. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UND	ER 24 HRS.
Male	Colored	WIDOWE	DIVORC	ED 🔲	June 15, 188	9	lost bythday) 60 yrs.	Months	Days	Hours	Min.
during most of work Construction 13. FATHER'S NAME	ing life, even it retired	done 10b.	KIND OF BUSINESS	OR INDU	Laurence, 14. MOTHER'S MAIDEN N	South			US		COUNTRY
Andy Made	den				Lizzie Ga	rrv					
15. WAS DECEASED EVER		arvicat !	217-03-43		INFORMANT Hospita		ords	ess			
Conditions, if on gave rise to in cause (a), stoting t lying cause lost.	nmediate (My Hy	ocardial i	insui	fficiency terioscl. C.V.	D.			INTI	Yea	OURS
PART II. OTH PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY I	ER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO D	EATH BU	T NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 1	PERFC	AUTOPSY ORMED?
	CAUSE OF DEATH	20b. DESC	TRIBE HOW INJURY	OCCURRE	ED. (Enter noture of injury in P	art I ar Par	t II of item 1B.)				
20c. TIME OF INJURY Hour a.m. p. m.	Manth, Day, Ye	20d. IN While at work	IJURY OCCURRED Nat while at wark	20e. Pt	ACE OF INJURY (Home, farm, ictary, street, affice bldg., etc.	20f. (City	or town)	(4	Caunty)		(State)
21. I certify the alive on February actual signature PHYSICIAN'S NAME (Type)		., 19 1 al	from Sept. 58, and that Meg	t deoth	M.D. Deer's He	P.M. from	n the causes o treet, city or town,	nd an t	he da	te stote	ed abave ATE SIGNE /23/58
220. BURIAL, CREMATION		5-8	The NAME OF GA	METERY C	or CREMATORY OF arbeitus	22d. LOCA	TION (City, town, o	r county)	tus	(Stat	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, 2 should be filed with M may be relained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT ON FALTE-EASTIMORE,

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		all notate and in a second
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		epike and of all
	District Control	Section of the section
		AND THE PROPERTY OF A PARTY OF THE PARTY OF
The state of the s	alia il anno anno	



FEB 25 1958



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02558 2567 CERTIFICATE OF DEATH Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) filed a. COUNTY! b. COUNTY MARYLAND b. CITY-OR TOWN (If autside carporate limits, write CITY OP TOWN Ut putside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pe RURAL and give nearest lown) plo d. NAME OF HOSPITAL (If nat in hospital, give street address) & STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Lost 4. DATE Manth Day Year DECEASED (Type or print) DEATH 19 1 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER YEAR IF UNDER 24 HRS Months Days Hours Min. WIDOWED IZ DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if setifed) ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address nding 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which ony gned gave rise to immediate DUE TO 8 carse (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179, WAS AUTOPS PERFORMED? YES NO 7 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) o. m. Not while at work at work 21. I certify that Vattended the deceased from that I last saw the deceased alive on PM, from the causes and on the date stated above. and that death occurred at 80 ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL PHYSICIAN'S sha NAME (Type FUNER 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town or county) 7State) REMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE ABDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE B 6 VS A1S (4) 1SM 9/SS

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VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2568

CERTIFICATE OF DEATH

112559

		7000	, 0					Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY				- 11	. USUAL RESIDENCE (WH	ere deceased		n: Residence	before admission)	7
Wicomic	0		MARYLAN	4D	Maryland		b. COUNTY	ford		
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If a	iutside corpor	ote limits, write RU	IRAL and gi	ve nearest town)	-
	ry, Marylan	nd	117 days		Havre de	Grace,	Marylan	d / 8	2242	
d. NAME OF HOSPIT	AL (If not in haspital, g	ive street	oddress)		d. STREET ADDRESS				e. IS RESIDEN	NCE
Deer's	Head State	Hosp	ital		729 Warre	n Stre	et		YES NO	
3. NAME OF DECEASED (Type or print)	Fir W111:		Middle Thomas		Mitchell.	4. DATE OF DEATH	Februa		Doy Year	58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. 0	PATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24	-
Male	White	WIDOWI	ED DIVORCED]	April 30, 1	893	last hirthday) 64 yrs.	Months [Days Haurs A	Min.
100. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR II	VDUSTR'	11. BIRTHPLACE (Stole	or foreign ca	untry)	12. CITIZ	EN OF WHAT COL	UNTRY?
Unemploy			Unk		Marylan	d		91111	U.S.A.	
13. FATHER'S NAME					4. MOTHER'S MAIDEN N	IAME				
William	G. Mitchell	1			Annie M. L	oflin				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7. INFO	RMANT		Addre	255		
Unk			Unk	I	Mospital Rec	ords,	Salisbur	y, Mai	ryland	
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).}						INTERVAL BETWE	EN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Pn	eumonia						ONADI HARAPA	ATH
4621	DUE TO									
Conditions, if a	ny, which) (b	Blee	ding espphag	eal	varices wit	h seco	ndary an	emia	4 week	S
gove rise to it										
lying couse lost.) (c)								
PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART	I(a) 19. WAS AUTO	OPSY
5 493x C	ardiovascu.	lar D	isease (ye	ars)					YES NO	
O (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in f	Port I or Port	II of item 18.)			
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yes			PLACE	OF INJURY (Home, farm, street, office bldg., etc.	20f. (City	or lown)	(Co	ounty) (S	State)
Hour o.m.	19	While of work	Not while	100,01	, sireer, office blog., etc.	1				
21. I certify th	at I attended the	decease	ed fram Sept.	18	1957 to Fe	b. 14	19 58	that I la	ist saw the dec	ensed
alive on Fe		. 19 5	8 and that de	ath o	curred at 11:10	PM fram	the causes or	nd on the	a data stated a	abava
			,				eet, city ar town, s			SIGNED
ACTUAL	G. La	Zee	all.	M.D					2/15/5	38
			1							19
PHYSICIAN'S NAME (Type)	G. Kosma	hly.	M.D.		Salisbury	, Mary	land	155		
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREO	F	22c. NAME OF CEMETER	Y OR C	REMATORY	22d. JOGATI	ON (City, town, or	county)	(Stote)	
Burial	Tel, 18,1	75 8	angel1	heli	Cern.	Mai	ude Vi	åll.	1/11	
23. FUNERAL DIRECTOR	S SIGNATURE	11	ADDRESS	6	6/3 / 24a. REC'E	BY REGISTR	RAR 246. REGIST	TRAR'S SIGN	NATURE .	6
11-1Madies.	11/11/11/11	66 -	Havrede &	idel	Illed - DATE EB	2 4 '58	Wh	educ	A . SASS	

FEB 24 1958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Somerset Page files. Health, MARYLAND icomico b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your Sailsbury Westover d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS 5 R.F.D.# 1 Box Penninsula General Hospital NAME OF First Middle 4. DATE Last Month DECEASED (Type or print) DEATH E. Moses February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 00 Factory Laborer Virginia 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME Jessie Jones Lizzie Peeles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) ony with Lizzie Spady. Westover. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse DUF TO (a), sloting the underlying Ã 0 couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPS) used 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter goture of injury in Port I of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc. Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 2 Inquiry -CTOR: opinion death resulted from: Natural causes 1. Homicide . Undetermined monner Accident 4 Suicide . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER TH 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 40 Burial inds lev Chape Cem-Pocomolce ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE

VS. A15ME 5M 2/57

240. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

02560

e. IS RESIDENCE

ON A FARM?

YES NO

Year

Hours

INTERVAL BETYEEN

PERFORMED? NO P

(State)

and in my

DATE SIGNED

(State)

Days

U-S-A-

(County)

1958

Min.

MARYEAND STATE DEPARTMENT DE HEALTH-HALFIMORE.

ALSGERT EXAMINER'S CERTISION IE DE DEATH

with light 100 to the proof of which by the state of the

BUREAU V. S.

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BECENAED

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02561

		CERTIFICA	IL OI DLAIN	Reg.	Dist. No.
	1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deco	eased lived. If institution: Resid	ence before admission)
	RURAL and give nearest tawn)	OTH OF STAY IN 16	c. CITY OR TOWN (If autside c	arporate limits, write RURAL an	d give nearest tawn)
2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PENNISH A HERETAL HE	soltal	d. STREET ADDRESS	m	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle	lost 4. DA OF DE/	TE Month ATH FEBRUARY	Day Year 1955
	5. SEX 6. COLOR OR RACE 7. MARRIED AN WHITE WIDOWED	DIVORCED 8	1-2-1878	9. AGE (In years lost, birthday) Wanths	ER I YEAR IF UNDER 24 HRS. Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign	gn country 12. (US a.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	m.	
3	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ng) or finknown) (If yes, give wor or dates of service)	SECURITY NO. 17. IN	troline guels	Address Leeme	Leil
	18. CAUSE OF DEATH [Enter only one cause per line for (a). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which) (b)	(b) and (c).]	ensclersis a	jel,	INTERVAL BETWEEN ONSET AND DEATH
	gave rise to immediate codes (a), stating the under-lying cause last. C PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN P	APT I(a) 19 WAS ALITOPSY
	491X				PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED	. (Enter nature of injury in Part I or	Part II of item 18.)	
	Zoc. TIME OF INJURY Manth, Day. Year 20d. INJURY OF Hour a. m. 19 While at wark at war	t while fact	CE OF INJURY (Hame, farm, 20f, ary, street, affice bldg., etc.)	(City or town)	(Caunty) (State)
	21. I certify that I attended the deceased from alive an		accurred at 6 A.M.		
3.7	PHYSICIAN'S NAME (Type)				
1	Bring 2-9-58 4	AME OF CEMETERY OR	erematory 22d, 10	CATION (City, town, or county	(State)
	22. PUNERAL DIRECTOR'S SIGNATURE AD AD AD AD AD AD AD AD AD A	ener L	el DATE DATE	GISTRAR 3 246 REGISTRAR'S	ducci

TE OF DEATH	CERTIFICA				
		4,			(11
	THE REAL PROPERTY.		2		
				Name of	
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EUREAU V. Sy		M English			U
8961 6					
DECEDAED					0

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2571 CERTIFICATE OF DEATH

Reg. Dist. No. 12562

1,	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO, STATE	b. COUNTY///	e before admission)
-	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	Mary La	outside corporate limits, write RURAL and g	25/01
	RURAL and give nearest town)		C. CITI OK 19WIN (III o	suiside corporore fimilis, write KUKAL ond g	ive negress rown)
1	Salschury	2WEBKS	Derlin	23X-	2
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1	eninsula General Ito.	spital			YES NO
3.	NAME OF DECEASED (Type or print)	Middle	02/10	4. DATE Month OF DEATH FE PLANTS	Day Year 3 1958
S.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
	F WIDOWE	D DIVORCED	Au6,23,1	871 62 yrs.	Doys Hours Min.
10	a. USUAL OCCUPATION (Give kind of wark dane) 10b. during most of warking life, even if retired) 1+6USBVIIFG	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State	PORT PA, 12. CITI	ZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME .	
/	MILLIAM S	AXE	MARY	ELLEN LUS	T
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	1.
(Y	es. no. or unknown) (If yes, give war or dates of service) 2	17-03-6028	MR. HENRY	ONLEY BERL	INI MP.
	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).}	2 4	/	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(cute	Tavi Lon	ites	ONSET AND DEATH
	5 / A. I DUE TO		1	1 2 / 2	· ·
	Conditions, if ony, which)	Ja Norst	I of liner	Time Colon	
	gove rise to immediate	as Jevas 20		and the second	
	cose (a), stating the under-	0			CONTRACT TO SECOND
12	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRACTO DEATH BUT	NOT DEL MED TOME TERM	INIAI DISEASE CONTOUTION CIVEN IN DEST	Val 10 MAS AUTORY
ATIO	Merocardeal Jus	Alexener	1 11/	ti Les The	PERFORMED?
TIE	200 ACCIDENT WAS LINDERLYING TO 120h DESC	CRIBE HOW INJURY OCCUPRE	D. Enter nature of injury in I	Part I or Port II of item 1B.)	
CERT					
N	20c. TIME OF INJURY Month, Day, Year 20d. II		ACE OF INJURY Home, form	20f. (City or town) (C	ounty) (Stote)
MEDICAL	Haur a. m. While of world	Not white	ctory, street, affice bldg., etc.		
	21. I certify that I attended the decease	ed from	19 to	, 19,that I lo	ast saw the deceased
	alive an A 18/	7	. 14.00	M, from the causes and on th	
	1/ //	S'/	decorred de 732 73	ADDRESS (Street, city or town state)	DATE SIGNED
	SIGNATURE LOUIS 1. 120	Leure	" Moderal	Center Johnson	2/4/50
	SIGNATURE		M.D.		7
	PHYSICIAN'S NAME (Type)				/
22	O. BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY,	22d. LOCATION (City, town, ar county)	(Stote)
1	Bremoval (Specify) 2/6/58	SPRIMEH)	LL CEM.	GIRDCETREE	Mo
23	FUNERAL DIRECTOR'S SIGNATURE	CADDRESS	240, REC'	D BY REGISTRAR'S SIG	NATURE
1	me of puringe	:Carrier)	DATE.	co	

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FOR STATE HEALTH DEPT.

for your files. Page cessory, pleose rector. 00 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the difficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functor 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
25.79

02564

Reg. Dist. No.

1. PLACE OF DEATH							2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)								
o. COUNTY	Wicomi	20	MARY	LAND	o. STATE	Mar	yland	b. COUNT	Wice	omi	00				
b. CITY OR TOWN (III	outside carparate limits, writ	RURAL	c. LENGTH OF STAY	IN 16	c. CITY C		autside corpore	ole limits, write)			
	sbury		4 Yrs.		12	Salis	hipw								
		If not in hosp	pital, give street addres	5)		ADDRESS	uur y				e. IS RESI	DENCE			
423	Washingto		423	Wash	ingtor	st.			YES [
3. NAME OF DECEASED	Fir	17	Middle		lo	ist	4. DATE OF	Mont	h	Day	Yea	r			
(Type or print)	Norman		Andrew	P	hilli	ps . Si		2		6	19	58			
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIR	Н	9.	AGE (In years last birthday)	IF UNDER 1	-	FUNDER	24 HRS.			
M	W	WIDOWED	DIVORCED		pril	27,19		50 yrs.	Months D	oys	Hours A	Ain.			
10o. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR	INDUSTR	Y 11. BIRTHE	LACE (Stole	or foreign coun	ifry)	12. CITIZI	EN OF	WHAT CO	DUNTRY			
Ass't Mgr		ale H	ardware		Mar	yland			U.	S.A					
13. FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME								
John Phil	lips				Zen	obia	Howard	i							
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	FORMANT			Address							
W.W.II	W.W.IT		4-10-8881	Mr	s. El	eanor	B.Phi	illips	. Sam	е					
The second secon	H [Enter only one car									INTERV	AL BETWEEN AND DEATH				
PART 1. DEAT	H WAS CAUSED BY:	C	oronary o	ccl	usion						udde				
420.1	DUE TO										auco	(1) (1) (1) (1) (1) (1) (1) (1)			
Conditions, if on															
gave rise to immed	iale cause								-						
(o), stating the u	(c														
PART II. OTH			NTRIBUTING TO DEAT	H BUT NO	OT RELATED T	O THE TERMI	NAL DISEASE C	ONDITION GIV	VEN IN PART		PERFORM				
PART II. OTH OFF 200. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	SE WAS STRIBUTING []	b. DESCRIBE	HOW INJURY OCCUR	RRED. (En	iter nature of	injury in Parl	I or Port I) of	item 18.}		1					
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	While		0e. PLAC factor	E OF INJURY ry, street, office	(Home, form re bidg., etc.	20f. (Cily or	lown)	(Coun	ty}		(Slate)			
21. I certify th	at I taok charge	of the r	emains described	d abav	e, held a	n Autaps	/ _, Insp	pection 3	Inquiry	IXI.	and	in my			
opinion death	resulted fram:	Natural c	auses KI, Accid	dent [], Suicie	de 🗍 , H	lomicide	, Undete	rmined m	onner					
	£0,	0				Level '					_				
ACTUAL SIGNATURE	and L	VEV	72-		M D CHIEF	MEDICAL EX	AMINER -				DATE SIG	NED			
			0			ANT MEDICA	AL EXAMINER								
EXAMINER'S NAME (Type)	Earl L.	Rove	r. M.D.		DEPUT	Y MEDICAL E	EXAMINER T		2-7-5	R					
220. BURIAL, CREMATIO			22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCATIO	N (City, town,			(State)				
REMOVAL (Specify)	2/8/58		Parsons	Ceme	etery		Salis	bury.	Maryl	and	1				
23. FUNERAL DIRECTOR	SIGNATURE		ADDRESS	4212		240. REC'S	BY REGISTRAL		STRAR'S SIGN						
			isbury,	Mary	rland	DATE F	EB 1 0 '58	au	Lesu	ch					
7	loman "	. Ba	ber.				3								

VS. A15ME 5M 2/57

BUREAU V. &

FEB 10 1958

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stole)

(County)

ON A FARM?

YES NO A

Year

19 58

death.

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		reputation of the	
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BUREAU V. S.			Carrier on the Carrier of the Carrie
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MARYLLAND STATE DEPARTMENT OF MEACH HEALTHMORE TO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4	may be relayed by the hospital ar attending physician. FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shaves be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.
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ATT	ECTO or to
11 0	may be retained by the hospital or attending physician. TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shave be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 ana 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.
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		7	100							Reg. Dis	t. No.			
1.	PLACE OF DEATH			MARY	1.4.10	O. STATE			l lived. If institu	v			ion)	
7		icomico		c. LENGTH OF STAY			Maryla			MICC	omic			
1	b. CITY OR TOWN (I RURAL and give no	If outside corporate limi	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)											
	Salisbu:			5 yrs. 5	mo .	12 S	alisbu	ry						
	d. NAME OF HOSPIT OR INSTITUTION Deer's H	ead State H	d. STREET A	, _	Church	St.		•		FARM?				
1	NAME OF			Middle		11		4. DATE						
3.	DECEASED (Type or print)	Fir Mar		R.		Pinkett		OF DEATH	Febr	uary	21,		Year 19 58	
5.	Female	6. COLOR OR RACE Negro	7. MARR	DIVORCE		Sept. 1		70	9. AGE (In years lost birthday) 87 yrs	Months	Days	F UNDE Hours	R 24 HRS. Min.	
10	during most of work	ON (Give kind of work of king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU		ACE (Stote o	or foreign co	ountry)		ZEN OF	WHAT	COUNTRY?	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				÷		
	James Par	rker				Vi.	rginia	Mill	.s					
15	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. 1	NFORMANT	0			dress				
(1)		If yes, give war or dates of s				Deer's H	ead Ho	spita			lisb	ury	Md.	
I	18. CAUSE OF DEA	ATH [Enter only one co	use per lin	e for (a), (b), and (c).							INTER	VAL BE	TWEEN DEATH	
	PART I. DEA	TH WAS CAUSED BY:	, Ar	teriosclero	tic	Cardiova	ascula	er Dis	ease		ONSE	?	DEATH	
	422	DUE TO												
	Conditions, if a	ny, which) (b	Ar	teriosclero	sis	. genera	1					9		
	gove rise to i	mmediate (/											
	lying cause lost.	ine unger-												
z		TER SIGNIFICANT CON		ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASI	CONDITION G	IVEN IN PART	1(0) 19	WAS	AUTOPSY	
18	, , , , , , , , , , , , , , , , , , , ,			ility			7712 72107111	THE DISERS	constitution of	11514 114 (126)		PERFO	RMED?	
FI S	20- ACCIDENT WA	C DAIVING COLUL 34		CRIBE HOW INJURY OF	CCHBBS	D /5-1	Cinima in D	and I as Basi	U of item 18 V			LE2	NO DI	
CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE30	KIDE HOW INJURY OF	CCORRE	D. (Enter noture o	r injury in re	on I or ron	ii or nem is.j					
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yes				ACE OF INJURY (I			or town)	(C	ounty)		(State)	
MEC	p. m.	19	While of worl	Nat while		,,	ologi, olci,							
	21. I certify th	at I attended the	decease	ed from Sept	2/1	19 57	to Fe	eb. 21	, 19.58	3 that I I	ast so	w the	deceased	
	1			ond that		occurred at	11.15	M from	the course	and on th	a data	a state	d above	
	Onve on	4	, '/	, and mar	deom	occorred de			reet, city or lown		e duit		ATE SIGNED	
	ACTUAL	n Viul	nu	cau.		M.D			Maryland			2/	27/58	
	SIGNATURE	1				M.D	00220	22						
L	PHYSICIAN'S NAME (Type)	V. Juerma	in, M	. D.		1	Deer's	Head	State I	Hospit	al			
22	PENOVAL (Specify))F	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stot	•)	
	Burial (Specify)	2/26/58		Huston Ce	emet	ery		Salis	bury, Mo	d				
23	. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	-		24a. REC'D	BY REGIST	RAR 24b. REG	ISTRAR'S SIG	NATURE	19		
	J. F. Stew	art Funeral	Hom	e. Salisbu	cy.	Md	DATE FE	B27 '5	8 100	1	-1			

VS A15 (4) 1SM 9/SS

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FOR STATE HEALTH DEPT.

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TO DEPUTY WEFICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is execute the liftcate, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the fund 4 should be serveded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain:

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-tronsit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or remayal, and in any eyent within 72 hours after death. I

VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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_		9.	canl	tems 13,14 Fi	1m(225 2-10-5	n et		Reg. Di	st. No.	160	U 4
1,	PLACE OF DEATH	20	1111		2	USUAL RESIDENCE (Where deced	sed lived. If institu	stion: Resider	nce befo	are admission	on)
	a. COUNTY	Wicomi	0.0	MARYLANI		o. STATE Ma	rvlar	b. COUNT	Y TATE	COL	nico	
		outside corporate limits, writ-		c. LENGTH OF STAY IN 18	,	c. CITY OR TOWN (I	-)
	and give nearest town	lisburv				X Pin	07 90	lisbury	100			
-		A STATE OF THE PARTY OF THE PAR	f not in ho	spitot, give street oddress)		d STREET ADDRESS	al Da	TISDAT.A			e. IS RESI	DENCE
	RFD#	4 Johns	on Re	i.		/					YES [FARM?
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mont	h	Day	Year	r
	(Type ar print)	Josep	h	A	Re	nker	DEATH	2	- 7	3	19	58
5.	SEX		The second second	ED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR	IF UNDER	24 HRS.
	M	W	WIDOWE	D DIVORCED	1	-17-1885		73 yrs.	Months [Days	Hours N	Ain.
10	Oo. USUAL OCCUPATION during most of working	ON (Give kind of wark	done 10b.	KIND OF BUSINESS OR INDU	STRY	11. BIRTHPLACE (Slote	or foreign	country)	12. CITIZ	EN OF	WHAT CO	DUNTRY?
	Baker	g me, even il remedi	J	Bakery		German	nv		I	JS	A	
1:	3. FATHER'S NAME				14	. MOTHER'S MAIDEN	- W					
		Unknown				Unk	nown					
1	S. WAS DECEASED EVI	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFO	RMANT		Address				
P	Yes, no, or unknown)	(If yes, give war or dates of		112-05-8025	N	Mrs. Nell:	ie Ho			# 里	Sali	sbu
	18. CAUSE OF DEAT	TH [Enter only one cou	se per line	for (a), (b), and (c).]						INTER	VAL BETWEEN	
		H WAS CAUSED BY:		Coronary oc	elu	sion-				Sı	uddde	en
	1420.1	DUE TO	-	<u> </u>								
ı	Conditions, if a			Arterio-scl	270	tic card	io-ve	scular	dises	SA.	- Ves	pg
	gave rise to immed	diate cause		TE OOL TO DOL		one our a		Boarar	41000	100	100	XT 10
	(a), stating the cause last.											
1,) (c)		ONTRIBUTING TO DEATH BUT	NOT	BELLATED TO THE YEAR	INIAL DISEAS	T COMPUTATION OF	(FA 1 IN 1 B 4 A 7	1		
15	PARI II. OIH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOI	KETALED TO THE LEKW	INAL DISEA:	SE CONDITION GI	EN IN PART	1(0) 19	PERFORM	
3	5									Y	ES N	10 🔯
CENTIFICATION	PRIMARY ar CON CAUSE OF DEATH.	JSE WAS NTRIBUTING []	b. DESCRIB	E HOW INJURY OCCURRED.	(Enter	noture of injury in Por	t I or Part I	l of item 18.)				
13	20c. TIME OF INJUS	RY Month, Doy, Yes	or 20d.	INJURY OCCURRED 20e. PI	ACE	OF INJURY (Home, form	n. 20f. (Cit	y or town)	(Cour	nty)		(Slote)
MEDICA	Haur a.m.	19	While	e Not while to	clory,	street, office bldg., etc	-)					
1				remains described at	0110	hold an Autone		namaatia- 1071	1	. 1777		
					-		, panel	nspection X		-		in my
	opinion deoth	resulted from:	Votural	causes X, Accident	Ŭ,	Suicide,	Homicide	Undete	ermined m	annei		
	ACTUAL	2 9 1	Ve								DATE SIGN	NED
	SIGNATURE C			The same of the sa	M	.D. CHIEF MEDICAL E	XAMINER _]				
L	EXAMINER'S					ASSISTANT MEDIC	AL EXAMIN	ER 🗍				
	NAME (Type)	Earl L.	Rov	er, M.D.		DEPUTY MEDICAL	EXAMINER-	2 2	2-4-51	8		
2	20 BURIAL, CREMATIO		F	22g. NAME OF CEMETERY C	R CRE	MATORY	22d JOCA	TION (City, Iawn,	or county)		(Stote)	/
	DURIAL	2/5/19	158	Wicomico	11/	EMORIAL	DAL	ISBURY	,		ma	
2	3. FUNETAL DIRECTOR	S EICHOPHURE	<	ADDRESSY 7	1	PARK REC	D BY REGIS	TRAR 246. REGI	STRAR'S SIGI	NATURI	E	
	/ wone	Huallae	- 6	alestung, "	~	DATE FI	EB 5	58 () 12	1 0000	. /		
-						DAIL .			TO A	S/A		

ANOMINATE OF THE PROPERTY OF T

BUREAU V. S.

8361 2 E - 1328

BECENASO

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2576 CERTIFICATE OF DEATH

	: 6	1011) CENT	11107	TIE OI	PLAII			Reg.	Dist. No.		
1. PLACE OF DEATH o. COUNTY	Wicomico		MAR	YLAND	2. USUAL RES	Mary		d lived. If insti b. COUN				on)
b. CITY OR TOWN (III RURAL ond give ne	outside corporate limi orest town) Salisbury		e. LENGTH OF STATE		c. CITY OR		oridge		e RURAL on	NDER 1 YEAR IF UNDER 24 ITHS Days Hours M OR CITIZEN OF WHAT COU USA Ords, Salisbu INTERVAL BETWEE ONSET AND DEA Y LOW I PART 1(o) 19. WAS AUTO PERFORME YES NO (County) (S or I last saw the dece	3.2	
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, o Deer's He		ate Hospi	tal	d. STREET		Maryla	nd Ave			ONA	FARM?
NAME OF DECEASED (Type or print)	Fir Ph	ronia	Middl	e	Reid	ost	4. DATE OF DEATH		Month uary			
Female	6. COLOR OR RACE White	7. MARRI WIDOWE		ED E	Jan. 3]		2	9. AGE (In year lost birthdo)	() Month	1		R 24 HR Min.
On USUAL OCCUPATION during most of work Sales	ing life, even if retired	done 10b. I	Store	OR INDUS	TRY 11. BIRTHP			Maryla				COUNT
George	Thomas Jo	hnson			14. MOTHER			nn John	son			
S. WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO		er's He	ad Sta	ate Ho		ddress Recor	ds, S	alis	bur
Conditions, if or gove rise to in couse (o), stoling t lying couse lost.	mediote (,	Frteni	050	lero	sis	ge	w			tec	v
20g. ACCIDENT WA	S UNDERLYING [7]		ONTRIBUTING TO DE						GIVEN IN P	ART 1(o) 19	PERFOR	WED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yea	20d. IN While of work	JURY OCCURRED Not white	20e. PLA foct	CE OF INJURY ory, street, offic	(Home, farm, ce bldg., etc.	20f. (City	or town)		(County)		(Stot
	l attended the bylary 22,	19 ali	58, and tha	ruary t death	accurred at	lisbur	M, from	the cause reet, city or tov ryland	and on	the date	e state	d abo
NAME (Type) 20. BURIAL, CREMATION REMOVAL (Specify) BURIAL			22c. NAME OF CEA Dorches				22d. LOCAT	tate Ho NON (City, tow nbridge	n, or county		(Stote)
WHERAL DIRECTOR'S	KR. HU	rus	Cacul	ude	, Md.		BY REGIST			SIGNATURI	E	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 DEUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. by the haspital ar attending physician. may be retain VS A15 (4) 15M 9/55

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Evel & determined N UAJRUA LEB 38 1958

Parsons Cemetery

SALISBURY MARYLAND DATE FEB 2 8 '58

ADDRESS

Salisbury, Maryland

24b, REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

TO FUR

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY & COMPANY -

Mar.1,1958

ofter death. Page

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CERTIFICATE OF DEATH The property of the property o Ctan remain the tank at the second feet legs. Committee of the second FEB 28 1958 - CHEST OF THE STORE - SAFET HER IS SEEN IN

	; 2578 CERT	IFICATE OF	DEATH	Reg.	Dist. No. (12571)
1.	MTCONTCO	RYLAND O. STATE	ESIDENCE (Where deceased Maryland	I COLDIEN	idence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 4 Days	Y IN 1b c. CITY C	Parsonsbu:		and give nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Peninsula General Hospital	d. STREE	T ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED First Midde (Type or print) GEORGE BENJAMIN	RIGGI	Lost 4. DATE OF DEATH	Month 2	Day Year 24 1958
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR WIDOWED DIVORCE	Feb. 1	9.1878	lost birthday) Month	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
104	D. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS during most of working life, even if retired) Ret. Salesman Wholesale Mes		HPLACE (State or foreign course)	untry) 12.	U.S.A
13.	Jacob W. Riggin	14. MOTHE	tha Johnson	1	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	0. 17. INFORMANT		Address	rvland
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) USENIA		TEETH, Dat.	I SUCI V. Me	INTERVAL BETWEEN ONSET AND DEATH
	couse (o), stoting the under	se Negoli	100 Cleips	is .	centrale
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN IN F	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature	e of injury in Part I or Part	Il of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of work	20e. PLACE OF INJUR' factory, street, off		or town)	(County) (State)
	21. I certify that I attended the deceased from alive an 2-24, 1258, and the	2/20, 195 it death accurred o	at 2:30PM, from	the causes and ar	I last saw the decease the date stated abov DATE SIGNE
	PHYSICIAN'S WILLED R Ellis	M.D. Sal	isbury, Ma	ryland	2/25/58
22	REMOVAL (Specify)	AETERY OR CREMATORY	22d. LOCATIO	C. Salisbur ON (City, town, or count	y) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	sburg Ceme	240. REC'D BY REGISTR. FEB 2 8 5		SIGNATURE
	Hill & Johnson Co. Soliabury,	Maryland	DATE	000.112	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E. EEB 58 1828 WILLER R. ELLIS JR.

VS A1S (4) 1SM 9/SS 關

MAR	YLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
1	2570		COTICICATE	05	DEATH		

1 2579 CERTIFIC	CATE OF DEATH	Reg. Dist. No. 12571
1. PLACE OF DEATH O. COUNTY MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If into o. STATE b. COL	stitution: Residence before admission) JNTY SOMERSET
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY 3.DAYS	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give nearest town)
d. NAME OF HOSPITAL (I not in hospital, give street oddress) OR INSTITUTION PENINSULA GENERAL HOSPITAL	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CHARLES HA	ROGERS 4. DATE OF DEATH FER	Month Day Yeor SRUARY 26 1958
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	lost birthd	eors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) retiard army major 13. FATHER'S NAME	Coplay, Pa.	12. CITIZEN OF WHAT COUNTRY
Jacob Rogers	Anna Derrhaumer	Address
Yes, no, or unknown) (If yes, give wor or dates of service) None	rs. Charles Rogers Wes	tover, Md.
18. CAUSE OF DEATH [Enter only one couse per tipe for (a), (b), and (d.] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ascular (excident / The	ontosis The Angle ATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	l atteroscleroni	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of injury in Port I or Part II of item 18	1
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. p. m. 19 White of work of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (State)
21. I certify than attended the deceased from 12 2 adive an 12 2 and that deceased from 12 2 and that deceased fro		es and on the date stated abave own, stote) DATE SIGNED PLANTE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) DUDIA1 23. FUNGRAL DIRECTOR'S SIGNATURE ADDRESS 22. NAME OF CEMETERY RIVERVIEW ADDRESS		on, Del

'58

DATE MAR 5

Dem Princess Anne, Md.

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FOR STATE HEALTH DEPT.

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MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is a difficulte, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the function worded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained. UKECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Banated agent, priar to burial, crematian, ar removal, and in any event within 72 hours after death. or its designated

execute the 4 should be TO DEPUTY VS. A15ME 5M 2/57

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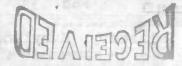
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02572

	: 25%				Reg. Dist. No.
1. PLACE OF DEAT	Wicomico	MARYLAND	a STATE AS	Where deceased lived. If institution b. COUN	itution: Residence before admission) NTY W1Com1CO
b. CITY OR TOV and give negre	WN (If outside corporate limits, write RURAL rat town) Sallsbury	c. LENGTH OF STAY IN 16	1	outside carporate limits, writ	te RURAL and give nearest town)
d. NAME OF HO	OSPITAL OR INSTITUTION (If not in 223 Montice	hospital, give street oddress)	d. STREET ADDRESS	Monticello	AVE e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print)	RICHARD	LE ROY	ROUSE	A. DATE Mor OF DEATH FE	BRUARY 9th 958
5. SEX Male		35	May 24,192	9. AGE (In years fast brighday) 34 yrs	IF UNDER 1YEAR IF UNDER 24 HRS. Manths Days Hours Min.
during most of v	JPATION (Give kind of work done 10k working life, even if retired) apher (Operated			or fareign country) ttsbluff, Nel	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAA	ME		14. MOTHER'S MAIDEN N	NAME	
Owen	as Jennings Rou	se	Dorma E	Belle Parker	
15. WAS DECEASE (Yes, Yes unknown) Yes	W. W. #II Navy	6. SOCIAL SECURITY NO. 17		Rouse(Wiff	ë)223 Monticello ryland
	F DEATH [Enter only one cause per li DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	coronary occ			interval between onset and death Sudden
gave rise to i (a), stating couse lost.	if any, which (b) immediate cause the underlying (c)				
PART II	, OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	PREFORMED?
PRIMARY Do CAUSE OF DE	IF CONTRIBUTING []	RIBE HOW INJURY OCCURRED. (Enter nature of injury in Par	t t or Port tl of item 18.)	
20c. TIME OF Hour	o. m. W		ACE OF INJURY (Home, form lary, street, office bldg., etc.		(County) (State)
	fy that I took charge of the		_	Homicide, Under	Inquiry (X), and in my termined manner DATE SIGNED
EXAMINER'S NAME (Type) 220. BURIAL, CREA		Dyer	DEPUTY MEDICAL	EXAMINER 2	Feb. 11 1958
REMOVAL ISE	fal Feb. 12, 1958		emetery		, Maryland
23. FUNERAL DIRE	CTOR'S SIGNATURE	ADDRESS	DVIAND	D BY REGISTRAR 1946. REC	SISTRAR'S SIGNATURE
FIVILLOWN.	T O COLITAINT -	DUTITION TITE	DATE CINELLE		

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THE CONTRACT OF STREET, ASSESSED IN THE PROPERTY OF THE PROPER

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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hours

CERTIFICATE OF DEATH

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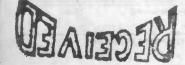
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BUREAU V. E.

FEB 24 1958



TO HOSPITAL moy be rely À

2583 **CERTIFICATE OF DEATH** 02574

1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before adm	
o. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odm o. STATE Maryland b. COUNTY Wicomico	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Salisbury c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest to Salisbury	iwn)
OR INSTITUTION Pen. Gen Hognitel 703 Alarm Avo	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print) THEODORE AVERY SHORT OF DEATH February 26th	Year 1 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH NOV.18, 1907 9. AGE (In yours IF UNDER 1 YEAR IF UN Months Date Hour	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Poultyman (Chicken Grower) Farming Salisbury, Maryland USA	AT COUNTRY
13. FATHER'S NAME Theodore L. Short 14. MOTHER'S MAIDEN NAME Mary Stanford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IV. INFORMANT Mrs. Margaret Chesser Short(Wife) 70 Ave. Salisbury, Maryland	3 Alv
18. CAUSE OF DEATH [Enter only one couse per line for a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSEITAN	BETWEEN ID PEATH
Canditions, if any, which gove rise to immediate cause (a), stating the <u>under.</u> Lying cause last. (b) DUE TO	
	S AUTOPSY FORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at wark at wark at wark at wark 19 at wark 1	(Stote)
21. I certify that I aftended the deceased from 2 / 4 , 1957, to 2 / 2 4 , 19 56, that I last saw the alive an 2 / 2 6 , 1958, and that death accurred at 10P M, from the causes and on the date sta ADPRESS (Street/city of ports) state) ACTUAL SIGNATURE ACTUAL SIG	e deceased ited above DATE SIGNED 26/58
PHYSICIAN'S Dr. Rufus S. Gardner Salisbury, Maryland Feb. 2	8195
Burial Mar. 2, 1958 Parsons Cemetery Salisbury, Maryland	ate)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	====

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d white youngers had			
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	# The state of the	and the	
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			or and the same of
12 15050	viotsk	PRINCIPAL VE	

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requires that the death certificate be executed within 24 have

ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2584 CERTIFICATE OF DEATH 02575

						-		Reg. Dist.	No.	
1. PLACE OF D o. COUNTY	Wicomico		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Maryla		d lived. If institution b. COUNTY		before admiss	
b. CITY OR 1 RURAL on	rown (If outside corporate limi d give nearest town) Salisb	ury	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF ou	- 17	rote limits, write Ri	URAL and giv	re nearest town)
	HOSPITAL (If not in hospital, g	ive street	Hospital		d. STREET ADDRESS In To	wn				IDENCE FARM? NO
3. NAME OF DECEASED (Type or prin	THEC		Middle THOMA	S	SMITH	4. DATE OF DEATH	FEBRU		14th	rear 19 58
5. SEX Male		7. MARR	DIVORCED		March 1,18	86	9. AGE (In years lost, bethday) yrs.	The same of the sa	YEAR IF UNDE	R 24 HRS. Min,
during mos Car	CUPATION (Give kind of work of tof working life, even if retired) penter		kind of Business of Duse Build		Siloam,			12. CITIZ	S A	COUNTRY?
13. FATHER'S N					14. MOTHER'S MAIDEN N.					
Alb	ert F. Smith				Mary Eli:	zabet	th Hilgh	nman		
15. WAS DECEA	ASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	Mr".	Alan D.Smi	th(So	n) Frui	tland	1, Mary	land
Conditio gove ris couse (o), lying cou	T II. OTHER SIGNIFICANT CON	_ C	Roseins			NAL DISEAS	<i>σ</i>	EN IN PART 1	PERFO	AUTOPSY RMED?
J (IF EITHER,	DENT WAS UNDERLYING DIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in Pa	art I or Por	I II of item 18.)		YES 🗌	ио 🔀
20c. TIME O	oF INJURY Month, Day, Yea a.m. p.m. 19	While at warl	Nat while	20e. PLA fact	CE OF INJURY (Home, form, ary, street, affice bldg., etc.)	20f. (City	or tawn)	(Co	unty)	(State)
alive on ACTUAL SIGNATUR PHYSICIAN NAME (Typ	Dr. Wilber REMATION, 22b. DATE THEREO (Specify)	12 S R. F	and that	A	Medical Cent	M, from	Salisbur	y Md	Feb./	ed abave. TE SIGNED
Bu	rial Feb. 16,	1958		Cel	netery		Lsbury,	Mary.		
HOLLOW	AY & COMPANY	- 5	ADDRESS SALISBURY	MAH	RYLAND FFR 1 8	BY REGIST	100	TRAR'S SIGN	IATURE	

TO HOSPITAL may be re VS A15 (4) 15M 9/55

WARVIAND STATE DEPARTMENT OF HEA READS TO STA JANUES nor, him D. and had some braid aland, strylong BUREAU V. S. EEB IS 1013 of inclinate of the little of the contract of

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

TO HOSPITAL OR

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2585 CERTIFICATE OF DEATH

U2578

	2000	Reg. Dist. No.
)	1. PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b CRURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION PENINSULA GENERAL HOSPITAL	d. STREET ADDRESS R.D.# 2 Jersey Road e. is residence on a farm? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) DAISEY PEARL SN	MULLEN 4. DATE Month Day Year OF DEATH FEBRUARY 12, 1958.
	F-emale WHITE WIDOWED DIVORCED	B. DATE OF BIRTH Jan. 14, 1888 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Now his 28 Hours Min.
	10g. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUSTRING MOST OF WORKING LIFE, even if retired one None	Salisbury, Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles Guthrie	Elizabeth Farlow
	Yes, no, or unknown (It yes, give wor or dates of service) M]	r.Purnell Smullen(Husband)R.D.# 2 Jersey Road- Salisbury, Maryland
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Occurred The Steel
	40.0 DUE TO Pate.	Vi la la l'ileman
	Conditions, if ony, which gove rise to immediate (b)	The present casens grant
	catse (o), stoting the <u>under.</u> lying couse lost.	
	/ (0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CA	PERFORMED? YES NOT
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for twork p. m. 19 of work of work 19 of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
1	21. I certify that I attended the deceased fram 2-25	1955, to 2-12, 1958, that I last saw the deceased
ı	alive an 2-12, 1958, and that death	accurred at 12 7. M, from the causes and an the date stated above.
	ACTUAL SIGNATURE	ADDRESS (Street, city or town, state) DATE SIGNED M.D.
	PHYSICIAN'S Dr. Earl L. Royer	Camden Ave. Salisbury, Md. Feb. /3 /5
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL Feb. 15, 1958 Parsons Co	crematory 22d. Location (City, town, or county) (Stote) Emetery Salisbury, Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	HOLLOWAY & COMPANY - SALISBURY MAR	RYTAND DATE BY 8 38 CUMEBUCK

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EB , 8 1828

VS A15 (4) 15M 9/55

1. PLACE OF DEATH o. COUNTY

NAME OF

5. SEX

DECEASED

(Type ar print)

Female 10o. USUAL OCCUPATION

13. FATHER'S NAME

No

CERTIFICATION

MEDICAL

0

Cadmus 15. WAS DECEASED EVER II

p. m.

PHYSICIAN'S

NAME (Type)

22a. SURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

00

Waterv d. NAME OF HOSPITAL

b. CITY OR TOWN (If a

	MARYL	AND	STATE DEPAR	TME	NT OF HEALTH	-BAL	TIMORE, 18	8		
	2	601	CERTIF	CA1	E OF DEATH	1		Reg. Dist. N	12.	577
ACE OF DEATH COUNTY Wicomic	0		MARYLA	- 11	o. STATE Maryland		b. COUNTY	omico	fare admis	sion)
CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Waterview 70 Yrs.				- 11	c. CITY OR TOWN (If o		rate limits, write RU	RAL and give I	nearest tow	n)
I. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street			d. STREET ADDRESS				ON	SIDENCE A FARM?
IAME OF DECEASED Type or print)	Fin Winni∈		Middle Blanche		Somers	4. DATE OF DEATH	Month Februar		Day	Year 19 58
emale	6. COLOR OR RACE		RIED NEVER MARRIED	_	2-19-1874		9. AGE (In years	Months 108		DER 24 HRS.
USUAL OCCUPATION during most of work Housewi	(ing life, even if retired)		KIND OF BUSINESS OR I	NDUSTR	Maryland		ountry)	U.S		T COUNTRY?
ATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
Cadmus	Willing				Anna H	llio	tt			
WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC	PRMANT		Addre	55		
No		, vice,		A	udrey Rayn	or	White	Have	n, Ma	aryland
PART I. DEA	TH [Enter only one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	- (ne for (a), (b), and (c).]	æel	erobe be	art	Desia	se "	NSET-AND	ETWEEN DEATH
Canditions, if a		Se	ueralis	d	arterio	scel	Derpis)	04	elvo.
lying cause last.	the <u>under-</u> DUE TO)C))
PART II. OTH	leatern	E SHOHTK	CONTRIBUTING TO DEATH	BUT NO	related to the termit	TAL DISEAS	E CONDITION GIVE	N IN PART 1901	PERF	AUTOPSY ORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature of injury in P	art I ar Par	t 11 of item 18.)	J		
20c. TIME OF INJUR	Y Month, Day, Yea	While		e. PLACE factor	OF INJURY (Home, farm, y, street, affice bldg., etc.	20f. (City	or town)	(Caunt	у)	(State)

H.

21. I certify that I attended the deceased from

chard

226. DATE THEREOF

9 /58

alive on_ and that death occurred at. ACTUAL

Saunders

ADDRESS

ADDRESS (Street, city or town, state)

Nanticoke Maryland 22d. LOCATION (City, tawn, or caunty)

Nantiooke Marvland

Turners Cemetery 24a. REC'D 8Y REGISTRAR

24b. REGISTRAR'S SIGNATURE

M, from the causes and on the date stated above.

19.50 that I last saw the deceased

DATE SIGNED

(State)

, Bivalve, Maryland

22c. NAME OF CEMETERY OR CREMATORY

DATE: R 2 0 158

CERTIFICATE OF DEATH

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BUREAU V. S.

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AND YOU VALUE OF ARREST ME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2586 CERTIFICATE OF DEATH

Sanitarium

First

Marvhand

Crisfield

E. Chesapeake Ave. Ext.

4. DATE

d. STREET ADDRESS

MARYLAND

c. LENGTH OF STAY IN 16

Month

Middle

e. IS RESIDENCE

YES NO MA

Year

Reg. Dist. No.

Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

Month

9	1	>
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1	L	77

1. PLACE OF DEATH

o. COUNTY

NAME OF DECEASED

Springhill

Wicomico

Salisbury

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the haspital ar attending physician. TO HOSPITAL OR

VS A

	10a.	during most of working	(Give kind of work do	ne 10b. KIND OF BUSINESS		Party and the same of the same	and the second second second		F WHAT COUNT
		OUSEWIFE		Own home		field, Mar	yrand	U.	S. A.
1	10. 1	ATTER S TAME	John Bett			Ann Betha	nd		
(1	15. \ (Yes.	NAS DECEASED EVER I		S? 16. SOCIAL SECURITY N			Add	"4210 Md	. Place
			WAS CAUSED BY: AMEDIATE CAUSE (o)_ DUE TO which (b)_ nediate (DUE TO	te per line for (a), (b), and (c		linus		INTE	RVAL BETWEEN ET AND DEATH
0	CERTIFICATION		acus	TIONS CONTRIBUTING TO D	Esteres &	chur	i	EN IN PART 1(o)	9. WAS AUTOPS PERFORMED? YES NO
	MEDICAL	Hour a. jr. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Infoctory, street, office	fome, farm, 20f. (Ci bldg., etc.)	ity or town)	(County)	(Stot
	×				0 =0	0.73	58 10	_,that I last so	uu tha dasas
		21. I certify that alive on	2-11 Cuga	a July	8-58 , 19 it death occurred at	6 AM, fro	om the causes of (Street, city or town,	and on the da	te stated abo
/	220.	ACTUAL SIGNATURE	Congre Philip	A. Insley 22c. NAME OF CE	M.D. METERY OR CREMATORY	ADDRESS (ADDRESS)	om the causes a	and on the doi	te stated abo

CERTIFICATE OF DEATH

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Reg. Dist. No. (12579)

			Keg.	DIST. NO.
1. PLACE OF DEATH O. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Maryland		idence before admission) 1COM1CO
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town) Salisbury	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Salisbur	corporate limits, write RURAL o	and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddi Spring Hall Private Sant	itarium	d. STREET ADDRESS 405 Popl	ar Hill Ave	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF First DECEASED (Type or print) MARY	Middle M	STOCKWELL 4. DO		25th 1958
5. SEX Female 6. COLOR OR RACE 7. MARRIED WIDOWED 5		Dec.19,1872	9. AGE (In years 1F UN 8 last by theory) yrs.	DER I YEAR IF UNDER 24 HRS. hs Boys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired) Retired School Teacher	of Business or industry Teaching		ign country) 12. SCONSIN	US A
Adolph Stockwell		14. MOTHER'S MAIDEN NAME Unk		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes. ga or unknown) (If yes, give war or dates of service)	CIAL SECURITY NO. 17, II	Berbert S.St Road -Scotch	ockwell (Sön Plains, Ne	2369 Redwood
18. CAUSE OF DEATH [Enter only one couse per fine for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		suler acci		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost. DUE TO DUE TO (b) Carc (c)	dis vaseul	e atteror	broke of	year.
PART II. OTHER SIGNIFICANT CONDITIONS CON	PRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO X
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	D. (Enter noture of injury in Port I o	or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor 20d. INJUI Hour o. m. 19 While ot work	Not while for	ACE OF INJURY (Home, form, 20f. tory, street, office bldg., etc.)	. (City or town)	(County) (Stote)
21. I certify that I attended the deceased alive on 23, 19 50		accurred at 5: 30A.M.		t I last saw the deceased in the date stated above. DATE SIGNED
PHYSICIAN'S Dr. O.J. Burton	n Maj	ryland Ave. Sa	alisbury, Mar	yland 2/26/5
220. BURIAL, CREMATION, 225. DATE THEREOF 22. REMOVAL (SPICIFY) Feb. 28, 1958	Dunmore Co		ocation (city, town, or counting property)	
23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY - SA	ADDRESS LISBURY MA	RYLAND 240. REC'D BY R	EGISTRAR 246. REGISTRAR'S	/

he funeral director, 2 should be filed with may be retained by the hospital or attending physicion.

2 FUNERAL SCTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter deather. may be reto

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

VS A1S (4) 15M 9/S5

TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FUNERAL

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2588 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No.

112581

	1. PLACE OF DEATH O. COUNTY VICTO TO 10	MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATE	d. If institution: Residence to b. COUNTY	before admission)
	b. CITY OR TOWN (If autside carporote limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN If autside corporate I	imits, write RURAL and give	nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street of ONINSTITUTION OF INSTITUTION OF INSTITUT		d. STREET ADDRESS 15 Abo	Ila St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle	Trade in DEATH	Month	Day Year 28 1958
	5. SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH 9. AC	GE (In years IPONDER 1 YI st birthdoy) Months Da	EAR IF UNDER 24 HRS. ys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) OWNER & OPERATOR BUTTON		6. VIRGINIA		N OF WHAT COUNTRY?
	13. FATHER'S NAME CLARENCE T	BASER	14. MOTHER'S MAIDEN NAME	, ,	
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IF	NORMANT RS DOROTHY M. TRA	Address DER STOCK	Tool mil.
	18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 14. 4. 2 X DUE TO Conditions, if only, which appearing to immediate (b)	YPERTENSIO		SCIEROTIC	INTERVAL BETWEEN DISET AND DEATH
	Cotse (a), stating the under DUE TO lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS C	CARDIO VAS	NOT RELATED TO THE TERMINAL DISEASE CON		1 Dyean
0	ICATIO				PERFORMED? YES NO
	OR CONTRIBUTING LI CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED). (Enler nature af injury in Part I or Part II of	item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. In Haur a. m. 19 While of world	Not while for	ACE OF INJURY (Home, farm, 20f. (City or to fary, street, affice bldg., etc.)	wn) (Caur	nty) (Stote)
	21. I certify that I attended the decease alive an	s, and that death	occurred at 10 PM, fram the ADDRESS (Street, M.D.	causes and an the	t saw the deceased date stated abave. DATE SIGNED
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	72c. NAME OF CEMETERY OF	ER CEM, STOC	(City, town, or county)	(State)
8	23. FUNERAL DIRECTOR'S SIGNATURE	Ocomorka	DATE	24b. REGISTRAR'S SIGNA	TURE
			### C '58	Wireday	i de

CERTIFICATE OF DEATH

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Ball Bolle, or left Supplied I and without Last

BUREAU V. 2

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Feb. 22.1958

23. FUNERAL DIRECTOR'S SIGNATURE

FUNER 0

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) . IS RESIDENCE ON A FARMTY YES NO 19th 10 58 FEBRUARY IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? S Mrs. Minnie C. Turner (Wife) 808 N. Division Xi INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO A (State) (County) that I last saw the deceased from the causes and on the date stated above. Feb 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Salisbury, Maryland

Parsons Cemetery **ADDRESS**

SALISBURY MARYLAND

24a. REC'D BY REGISTRAR FEB 2 4 '58

24b. REGISTRAR'S SIGNATURE

BELLEVILLE STATE DEPOS TO THE POPULATION OF A PROPERTY OF

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page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registror prior to buriol, cremation, or remaval, and in any event within 72 hours after death.

may be retor (v) 518 S (v) 918 S (v) TO HOSPITAL

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs by the haspital or attending physicion. 02583

CERTIFICATE OF DEATH

		0. 02		Reg. Dis	I. No.	
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W		If institution: Residence	e before admir	ssion)
Wicomico	MARYLAND	mary	Land	Wor	cest	11-1
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	F STAY IN 16	c. CITY OR TOWN (IF	autside carporate lim	its, write RURAL and g	ive nearest law	n)
Sahlsbury		Berli	W		23 X	2
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	7	d. STREET ADDRESS			e. IS RE	SIDENCE A FARM?
Peninsula General Hosp	ital	WILLIA	145.] NO []
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day	Year
(Type or print) EtheL	5.	VICKETS	DEATH FL	brussy	28	1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED	B. DATE OF BIRTH	9. AGE		YEAR IF UND	
Female White WIDOWED X D	IVORCED 🔲	OCT, 29,19	105 5	birthdoy) Manths	Days Hours	Min.
Toa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSI during most of working life, even if retired)	NESS OR INDU	STRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITI	ZEN OF WHAT	COUNTRY
DPGRATOR SHIRT	ACTOR	11 NEWA	RIK 1	10	U.S.F	t .
13. FATHER'S NAME		14. MOTHER'S MAIDEN		1.		
HARRY PRADFORD		LOTTI	e JAC	KSON		
15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECUR (Yes. no. og urknown) 1 (If yes, give wor pt dates of service)	RITY NO. 17. I	NFORMANT	0	Address		
No No 217-07-	95401V	R. CHARLE	S R VIC	KORS ()	ERLI	NM
18. CAUSE OF DEATH [Enter only one couse per list or (a), (b), (ond (c).]	n+	0	0	INTERVAL BI	ETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	wal	anteriore	levases	Severe	ONSETTINE	Com
3344 DUE 36						
Conditions, if any, which (b)						
gave rise to immediate Corse (a), stating the under-						
lying cause last.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PAPT	1(a) 19. WAS	AUTOPSY
3 Hespertensive Heart Des	ease;	Vituita	vasters.	extroples		NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR CONTRIBUTING CONTRIBUTING CONTRIBUTING 20b. RECEIVED CAUSE OF DEATH 20b. DESCRIBE HOW IN 20c. PONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRE	D. (Enter nature of injury in	Port for Pary of its	em 18.)		
			0 00	. 0		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR! Haur o. m. p. m. 19 While Nat while at work of wark		ACE OF INJURY (Hame, farm ctory, street, office bldg., etc	20f. (City or town) (Co	ounty)	(State)
Haur o. m. p. m. 19 While Not while at work at work		ciory, sireer, office blag., erc	-/			
21. I certify that I attended the deceased from		19 to		, 19,that 1 lo	ast saw the	deceases
		5114	1	pauses and on the		
1: 11:			ADDRESS (Street, city			ATE SIGNED
SIGNATURE Value of Teleur	_	un Stale	eburn h	tol	2/20	8/57
			11			
PHYSICIAN'S NAME (Type)						3-1
	OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ty, tawn, ar county)	(Sta	te)
PREMOVAL (Specify) 3/3/58 EV	SRA	reen	1 /1 - 1	-114	~	10.
23L EUNERAL DIRECTOR'S SIGNATURE ADDRESS	1	Ma / 240. REC'	D BY REGISTRAR	24b. REGISTRAR'S SIGI	NATURE	
Homa It. Derbage (2	eden	DATEIAF	5 '58	7006 -	1	

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	ature.	C., M.d.	Helps
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FOR STATE HEALTH DEPT.

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recessary, please Soard of Health, TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is execute the historie, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fune 4 shauld be convaried to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03968

	200	9				Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE 0. STATE Vir		b. COUNTY		omac	lmission)
b. CITY OR TOWN (IF (Rural)	Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp		RURAL and g	ive nearest	town) V
	AL OR INSTITUTION (If not in hos Robin Ave.	pital, give street oddress)	d. STREET ADDRESS			V ····································		RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	GEORGE	Middle HARTWELL	WATSON	4. DATE OF DEATH	Month Febru	ary	Doy 25	Year 19 58
5. SEX	6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER TY	EAR IF UN	NDER 24 HRS
Male	White WIDOWE	DIVORCED J	uly 29,19	906	51 yrs.	Menths 29	B Hour	s Min.
	ON (Give kind of work done 10b. to life, even if retired) Or (House Bul)		Chincote				U S	A COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
George I	D. Watson		Elizabet	th Clay	vville			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16. Ill res. give war or dates of service) W • W • #	SOCIAL SECURITY NO. Mr.	FORMANT Jest	ter(Bro	other Trague, Vi	-Law)139	Clark
	DUE TO ny, which (b)		lusion				INTERVAL BET ONSET AND SUC	den ien
(o), sloting the couse foil. PART II. OTH PRIMARY or COI CAUSE OF DEATH.	(c)	ONTRIBUTING TO DEATH BUT NO				IN IN PART I		FORMED?
PRIMARY Or COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 20d. While	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, for	orm, 20f. (City		(Count	у)	(State)
21. I certify th	resulted from: Notural of the resulted from: Notural of the resulted from: Notural of the resulted from the resulted fro	causes , Accident		Homicide EXAMINER HICAL EXAMINER	□ Feb	Inquiry mined mo	DATI	and in my Signed
220. BURIAL CREMATIC REMOVAL (Specify) BULLE	Feb. 28,58	9	etery		ION (City, town, or Hall, V			ate)
23. FUNERAL DIRECTOR	S. Selyes Chin	coteague, Va		MAR 2 6	158 246 REGIST	TRAR'S SIGN	ATURE	

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2591 CERTIFICATE OF DEATH

	01 01		Reg. Dist. No.
o. COUNTY O. COUNTY O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE Maryland b. COUNTY)	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RI	
Salisbury		/2 Salisbury	
d. NAME OF HOSPITAL (If rest in hospital, give street OR INSTITUTION CENINSULA GENERAL	ral Hospital	A. STREET ADDRESS 210 Naylor St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle F ¹	MESTS 4. DATE OF DEATH Jeby	th Day Year 4004 11 1958
fe male White WIDOW	The state of the s	8. DATE OF BIRTH May 29, 1881 9. AGE (In years lost birthdoy) 76 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
House Work	at Home	Delmar, Delaware	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Joseph Davis		Benson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes. no. or ynknown) (If yes, give war ar dates of service)		nformant ss Florence Wells(Daugh Fayette St. Baltimo)	nter)1401 W.
PART I. DEATH [Enter only one cause par line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate code (a), stating the under lying cause last.	re (d), (d), and (e).	Heronbosis	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	contributing to death but	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	CRIBE HOW INJURY OCCURRE	Officer nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. 19 While of wor	Not while fac	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State)
21. I certify that battended the decease alive an 19 ACTUAL SIGNATURE PHYSICIAN'S Dr. Earl M. Best NAME (Type)	and that death	accurred at ADDRESS Street, city or town Maryland Ave. Salisbur	dioje) DATE SIGNE
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify Feb. 14, 1958)	22c. NAME OF CEMETERY O	r CREMATORY 22d. LOCATION (City, town, o	
23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY -	ADDRESS SALISBURY MA	RYLAND DATE 240. REED BY REGISTRAR 245. REGIS	TRAR'S SIGNATURE - escula

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL CACTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event within 72 hauss-after death. TO HOSPITAL may be reta TO FUNERAL

VS A1S (4) 15M 9/SS

REAST OF DEATH

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VS. A15ME BM 2/57

23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY - SALISBURY MARYLAND 112586

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO TY

Year 25th 19 58 IF UNDER TYEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? Elliotts Island-Md. Mr. Preston L. Young (Son) R.D.# 5 Schumaker Lane -Salisbury, Maryland INTERVAL BETWEEN ONSET AND DEATH hrs. PERFORMED?

Wicomico

DATE SIGNED

1958

NO T

(State)

Maryland Nab.1,1958 Wicomico Memorial Park - Salisbury, ADDRESS

240. REC'D BY REGISTRAR

DATE

24. REGISTRAR'S SIGNATURE

(County)

ACUSE AL EXAMINER & CERTIFICATE OF DEATH BUREAU V. FEB 28 1958 THE PARTY OF LAW AND L

E - Mr. St. Attrongs on thoofs | D. C. C. C. C.